

# Engrossed Senate Bill 5476

## Responding to the *State v. Blake* decision by addressing justice system responses and expansion of behavioral health services

### Substance use recovery services plan

The Health Care Authority (HCA) will establish a committee which is tasked with developing measures to assist persons with Substance Use Disorder (SUD) in accessing outreach, treatment and recovery support services that are low barrier, person centered, informed by people with lived experience, and culturally and linguistically appropriate.

#### Advisory committee

HCA will establish a substance use recovery services advisory committee (Committee). HCA must appoint members to the committee who have relevant background related to the needs of persons with substance use disorders and be reflective of the community of individuals living with substance use disorders. The Committee shall include legislative representation and several local and national experts.

#### Substance use recovery services plan

The Committee will inform the development of the substance use recovery services plan (Plan). The Plan will include measures to assist persons with SUD in accessing outreach, treatment and recovery support services that are low barrier, person centered, informed by people with lived experience, and culturally and linguistically appropriate. The Plan will establish a fundamental framework for regional capacity for community-based care access points, address barriers in access to existing systems, and design a mechanism for referring individuals into supportive services.

#### Timeline

Preliminary report	12/1/2021
Final plan	12/1/2022
Adopt rules/contract	12/1/2023

### Recovery navigator program

Each Behavioral Health Administrative Services Organization (BHASO) shall establish a recovery navigator program to deliver community-based outreach, intake, assessment, and connection to services for individuals with an SUD who encounter law enforcement and other first responders.

#### Uniform program standards

HCA will develop uniform program standards modeled upon Law Enforcement Assisted Diversion (LEAD). The Standards will consider the nature of referral into the recovery navigator program, followed by long term intensive case management. In developing response time requirements within the statewide program standards, HCA shall require, subject to the availability of amounts appropriated for this specific purpose, that responses to referrals from law enforcement occur immediately for in-custody referrals and shall strive for rapid response times to other appropriate settings such as emergency departments.

#### Recovery navigator program strategic plan

Before receiving funding for implementation and ongoing administration, each BHASO must submit a program plan that demonstrates the ability to fully comply with statewide program standards. Each recovery navigator strategic plan must address requirements to maintain enough trained personnel to provide intake and referral services, conduct assessments, deliver intensive case management, and make warm handoffs to treatment and recovery support services along the continuum of care.

#### Funding

- \$25 million General Fund-State SFY22
- \$20 million General Fund-State SFY23

## Expanded recovery support services

HCA will establish the expanded recovery support services program to increase access to recovery services for individuals in recovery from substance use disorder (SUD). In establishing the program, HCA shall consult with Behavioral Health Administrative Services Organizations, regional behavioral health providers, and regional community organizations that support individuals in recovery from SUD to adopt regional expanded recovery plans. The regional expanded recovery plans will include input from the substance use recovery services advisory committee, and are consistent with the substance use recovery services plan, both established in section one of ESB 5476.

### Regional expanded recovery plan

The regional expanded recovery plans will consider sufficient access for youth and adults to meet each region's needs for the following:

- Recovery housing;
- Employment pathways, support, training, and job placement;
- Education pathways, including recovery high schools and collegiate recovery programs;
- Recovery coaching and SUD peer support;
- Social connectedness initiatives;
- Family support services;
- Technology-based recovery support services;
- Transportation assistance; and,
- Legal support services.

### Timeline

Establish regional recovery plan	1/1/2023
Distribute grant funds, if allocated	3/1/2023

### Funding

#### Clubhouse Services Expansion

\$1.6 million General Fund-State	SFY22
\$3.1 million General Fund-State	SFY23
\$3.8 million Federal	Biennium

#### Short Term Housing Vouchers

\$0.5 million General Fund-State	SFY22
\$0.5 million General Fund-State	SFY23

#### SUD Family Navigator Services Grant Program

\$0.5 million General Fund-State	SFY22
\$0.5 million General Fund-State	SFY23

## Homeless Outreach Stabilization Transition (HOST) expansion

HCA will expand homeless outreach stabilization transition (HOST) programs with the goal of expanding access to modified Assertive Community Treatment delivered by multi-disciplinary teams. The teams will perform outreach and engagement to individuals who are living with SUD and are experiencing lack of, or transitioning from, housing.

HCA will consult with outreach organization who have experience delivering this services model to establish guidelines regarding team staffing, service intensity, quality fidelity standards, and metrics to verify programs are targeting the priority population.

### Timeline

Expand HOST Programs	1/1/2024
Distribute Grant Funds	3/1/2024

### Funding

\$5 million General Fund-State	SFY22
\$7.5 million General Fund-State	SFY23

## Other Supportive Programs

### Medications for Opioid Use Disorder (MOUD) in jail

HCA will expand efforts to provide opioid use disorder medication in city, county, regional, and tribal jails.

#### Funding- MOUD in jail

\$2.5 million General Fund-State	SFY22
\$2.5 million General Fund-State	SFY23

### Opioid treatment network enhancement

HCA will increase contingency management resources for opioid treatment networks that are serving people with stimulant use disorder.

#### Funding- Opioid treatment network

\$0.5 million General Fund-State	SFY22
\$0.5 million General Fund-State	SFY23

## Questions?

**Tony Walton- Senior SUD Project Manager**

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360.764.9125

# Updates to Overdoses in WA State

Recent updates with preliminary 2020 & 2021 data  
and finalized 2019 data

WA DOH – IVP/S&E  
ORWG Meeting 15July2021

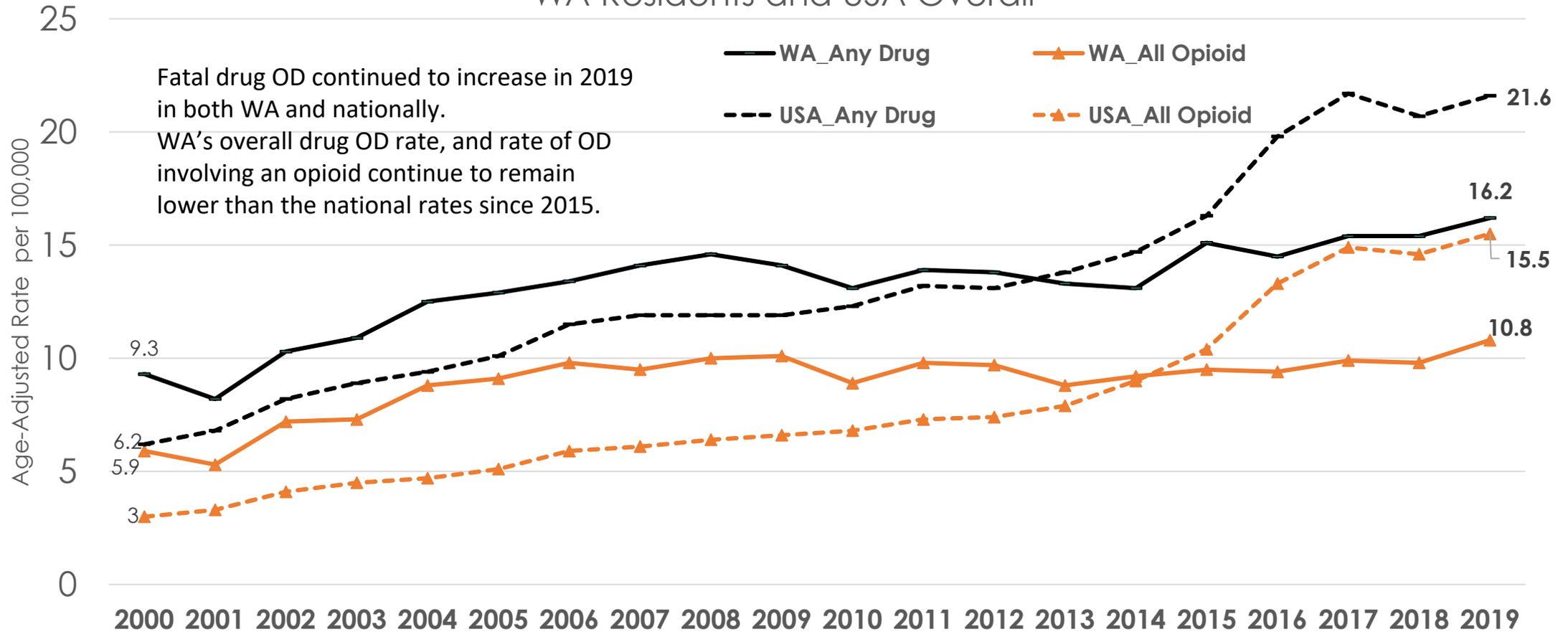
# Drug overdose deaths

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- The overdose death data are from Washington DOH Death Certificates.
- The definition of drug overdose is based on ICD-10.
- **any\_drug** is defined by the following ICD-10 codes as underlying causes of death:
  - **X40-X44**: Accidental poisonings by drugs
  - **X60-X64**: Intentional self-poisoning by drugs
  - **X85**: Assault by drug poisoning
  - **Y10-Y14**: Drug poisoning of undetermined intent
- Once a case is a drug overdose as defined above, specific drugs can be defined from the multiple causes of death, allowing multiple choices in case of polysubstance.

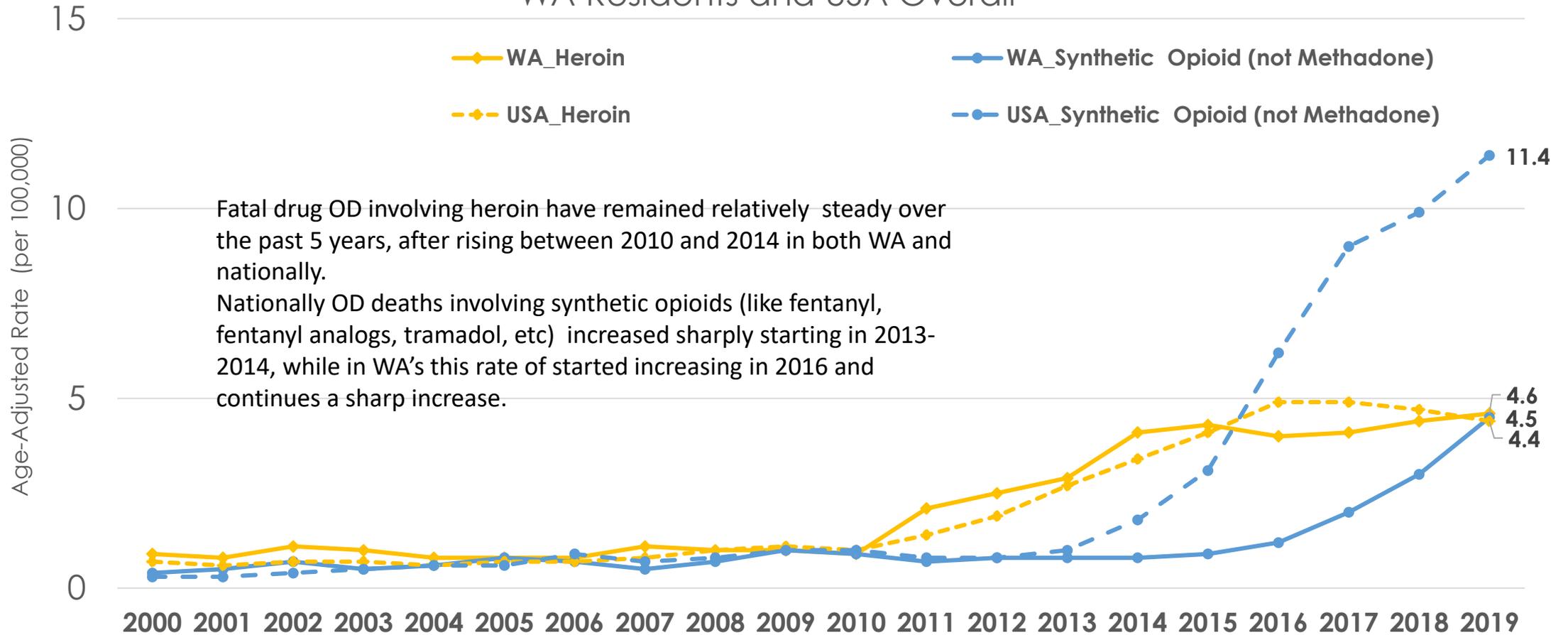
# Overdose Death Rate by Drug Type, USA and WA (2000-2019)

WA Residents and USA Overall



# Overdose Death Rate by Drug Type, USA and WA (2000-2019)

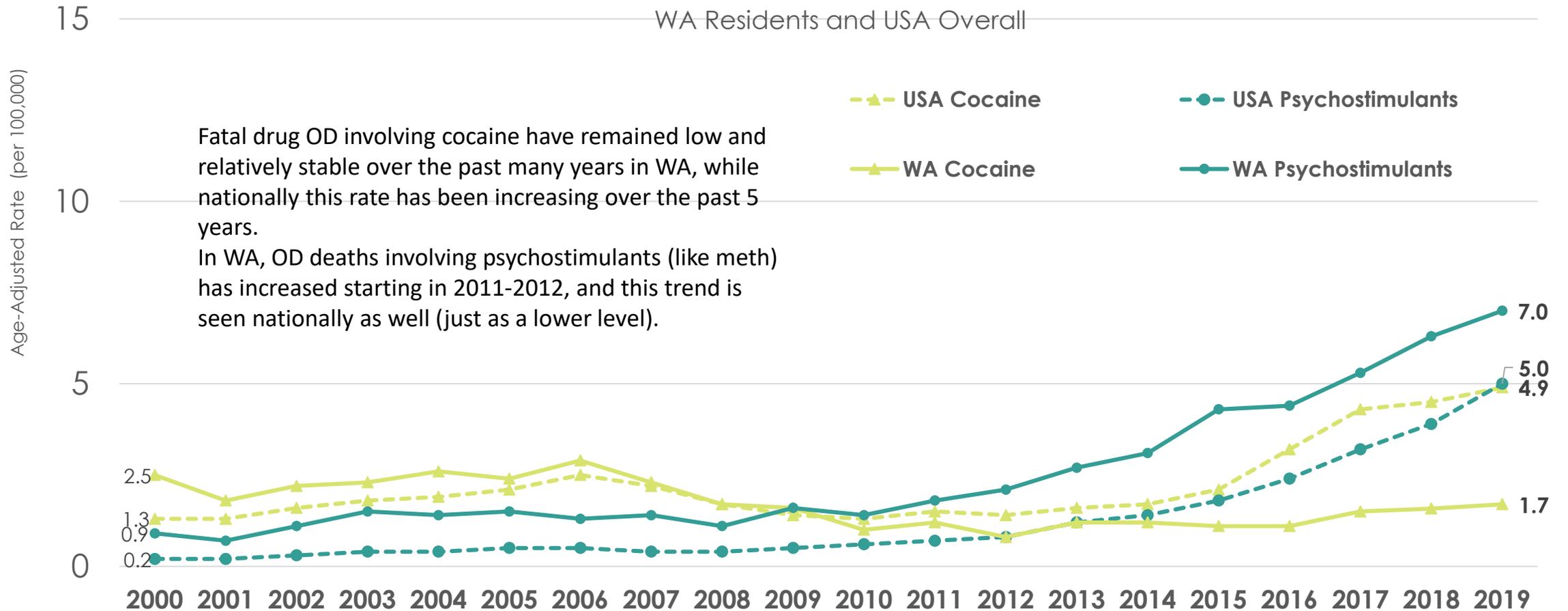
WA Residents and USA Overall



Fatal drug OD involving heroin have remained relatively steady over the past 5 years, after rising between 2010 and 2014 in both WA and nationally.  
 Nationally OD deaths involving synthetic opioids (like fentanyl, fentanyl analogs, tramadol, etc) increased sharply starting in 2013-2014, while in WA's this rate of started increasing in 2016 and continues a sharp increase.

Source: WA DOH death certificates  
 CDC Wonder

# Overdose Death Rate by Drug Type, USA and WA (2000-2019)

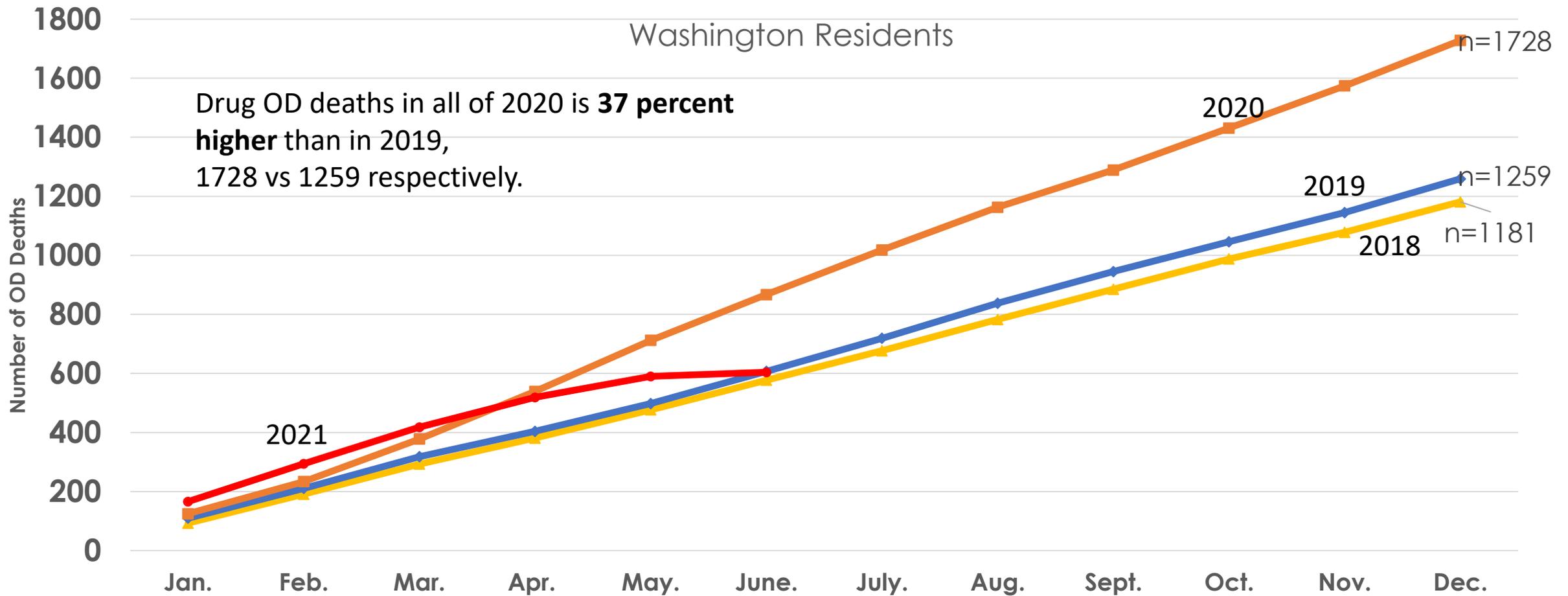


# Confirmed WA State Overdose Deaths

Drug Type	2021*	2020*	2019	2018	2017
Any Drug	604	1728	1259	1181	1163
Any Opioid	425	1193	827	744	739
Heroin	119	382	347	329	306
Synthetic opioids	284	672	337	224	142
Rx opioid (not fentanyl)	98	327	267	305	342
Psychostimulants	300	727	540	473	390
Cocaine	60	187	132	129	111

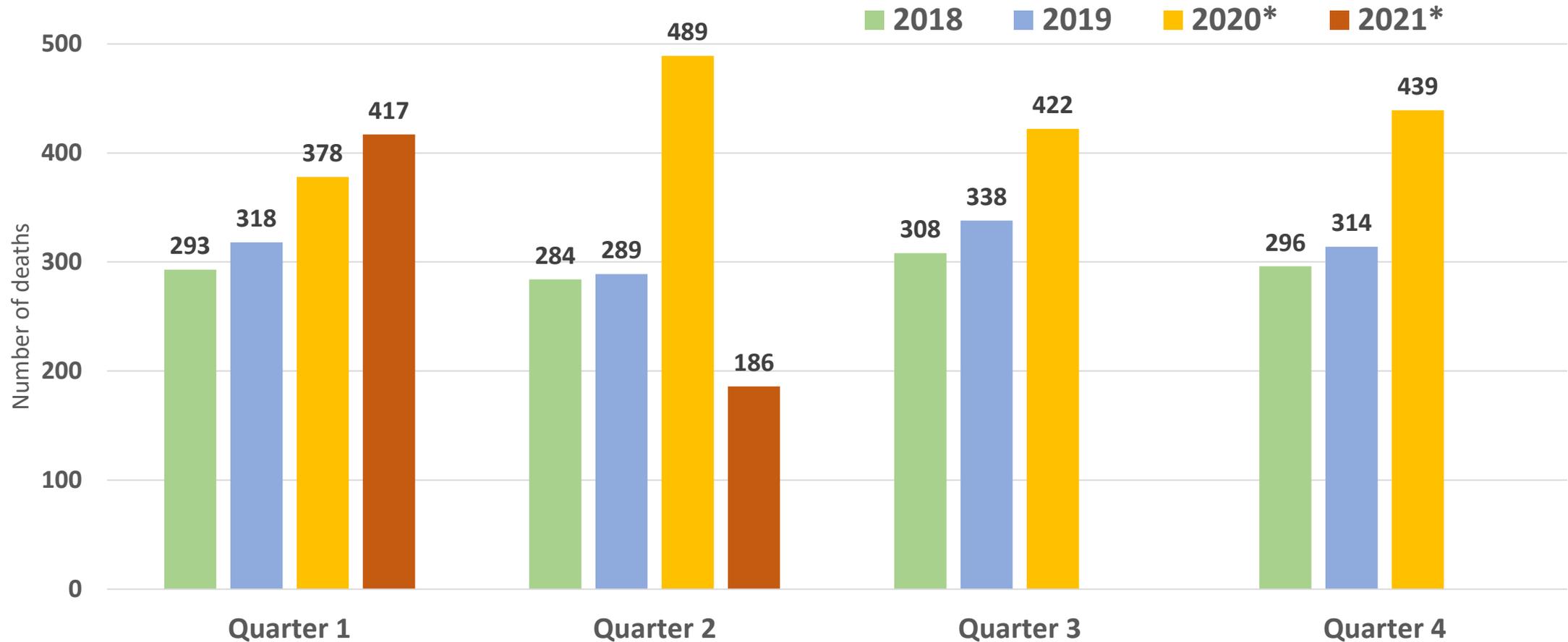
\*2020 & 2021 data are preliminary and will change.  
 Data is as of 12July2021. Source: WA DOH Death certificates

# Annual cumulative overall drug overdose deaths by month (2018-2021\*)



- 2020 & 2021 data are preliminary and will change.
- Data run: 12July2021

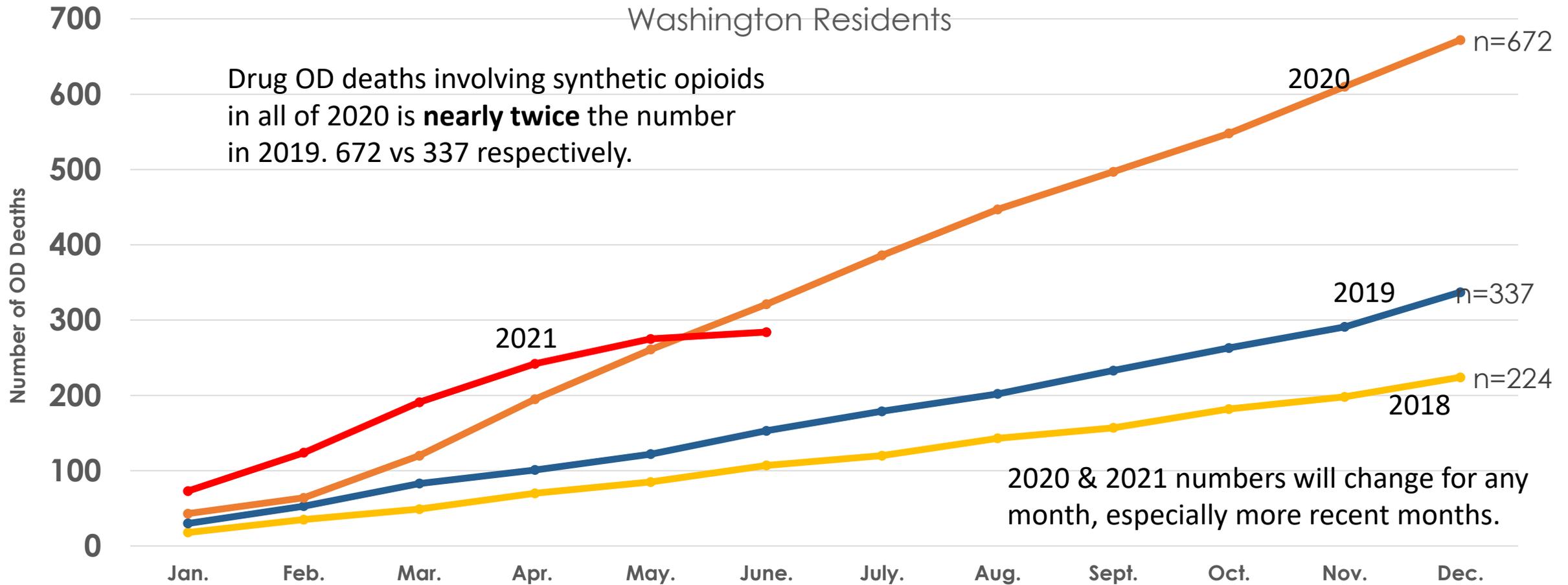
# Number of overdose deaths by quarter



\*2020 & 2021 data are preliminary and will change.

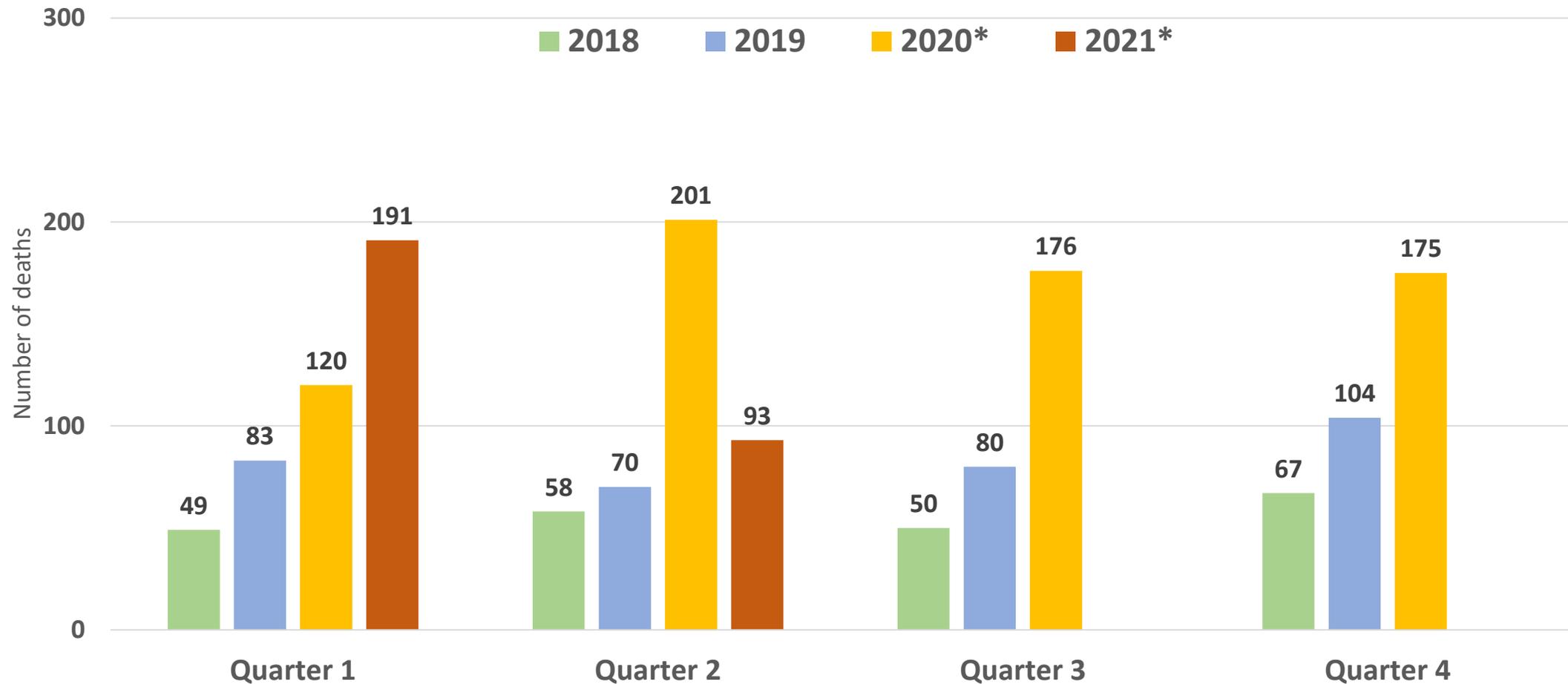
Data is as of 12 July 2021.  
Source: WA DOH Death certificates

# Annual cumulative drug overdose deaths involving non-methadone synthetic opioids by month (2018-2021\*)



- 2020 & 2021 data are preliminary and will change.
- Data run: 12July2021

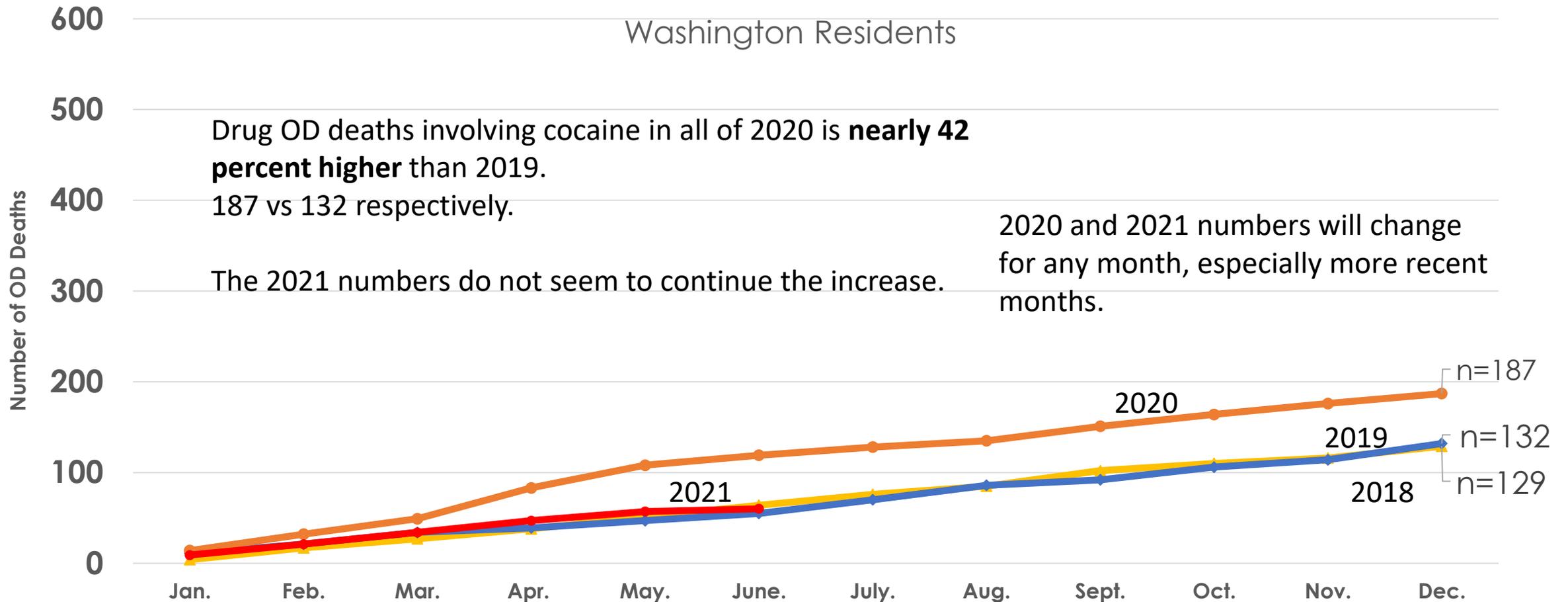
# Number of overdose deaths involving a synthetic opioid by quarter



\*2020 & 2021 data are preliminary and will change.

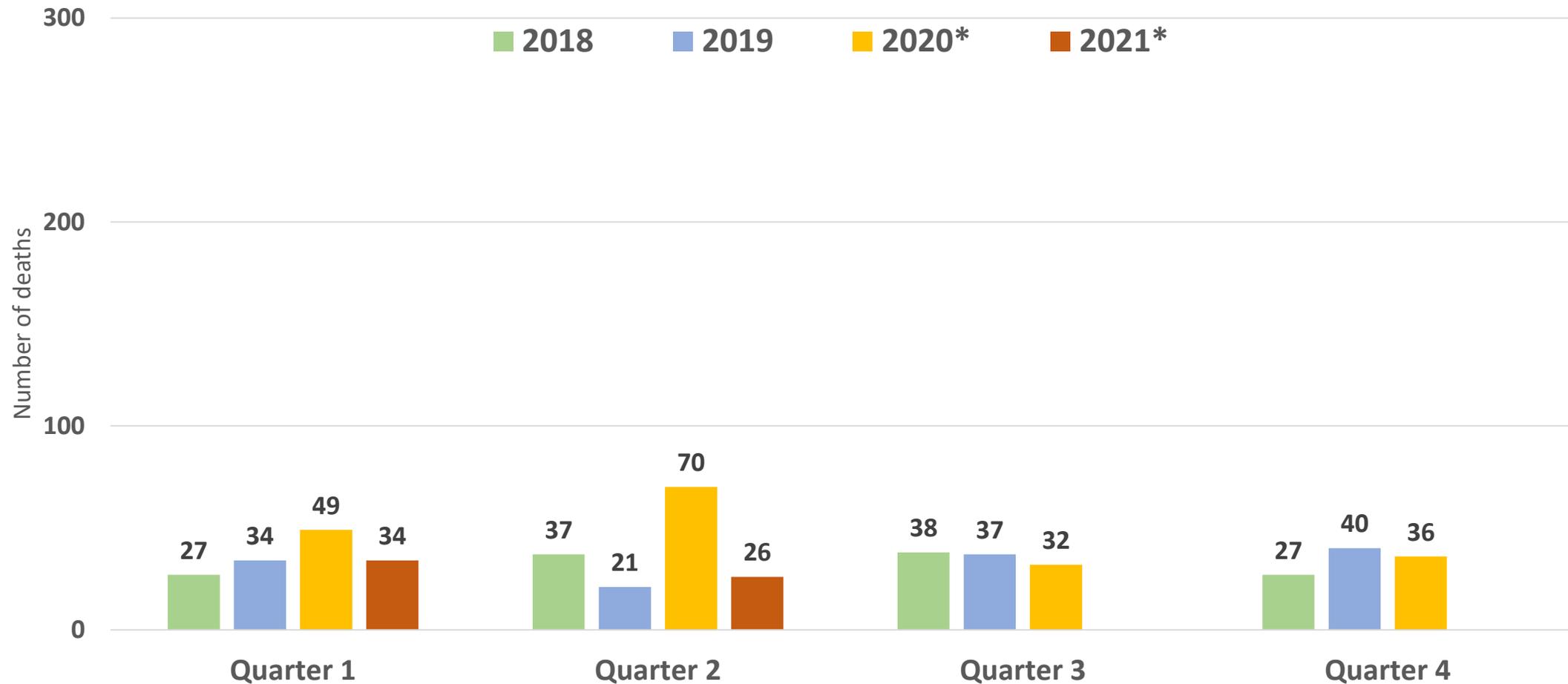
Data is as of 12 July 2021.  
Source: WA DOH Death certificates

# Annual cumulative drug overdose deaths involving cocaine by month (2018-2021\*)



- 2020 & 2021 data are preliminary and will change.
- Data run: 12July2021

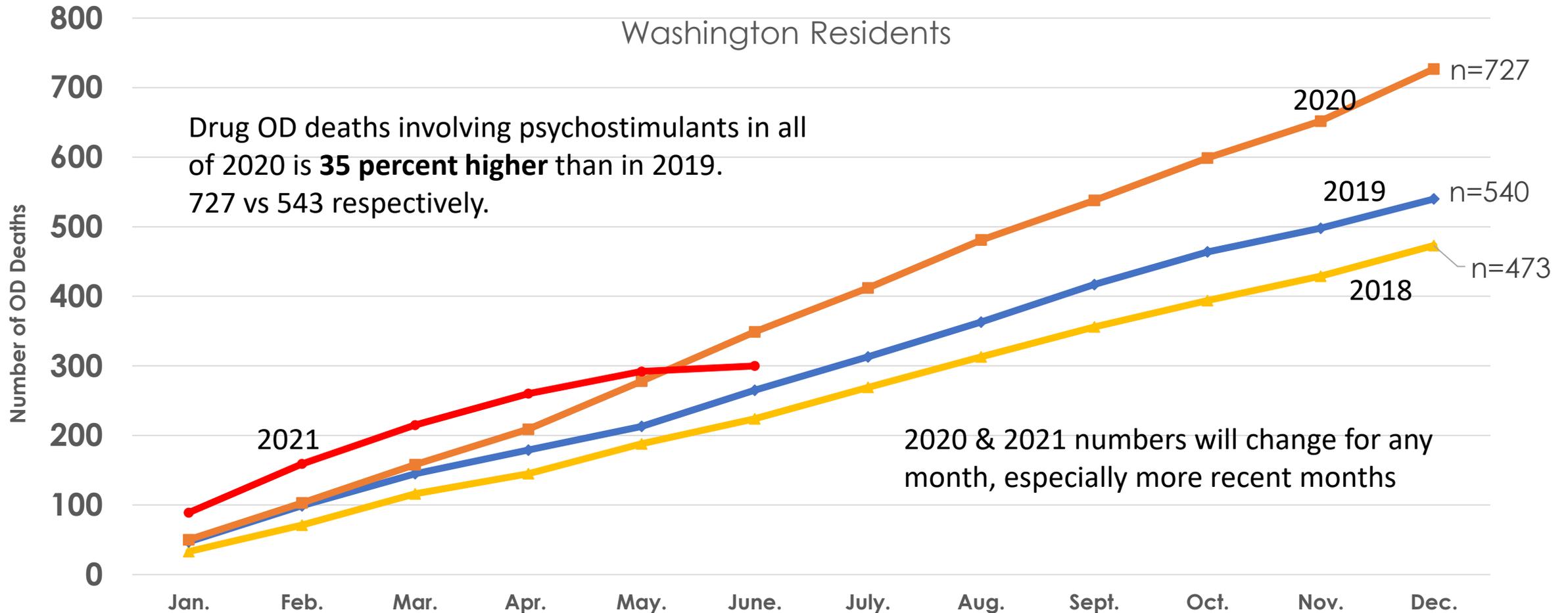
# Number of overdose deaths involving cocaine by quarter



\*2020 & 2021 data are preliminary and will change.

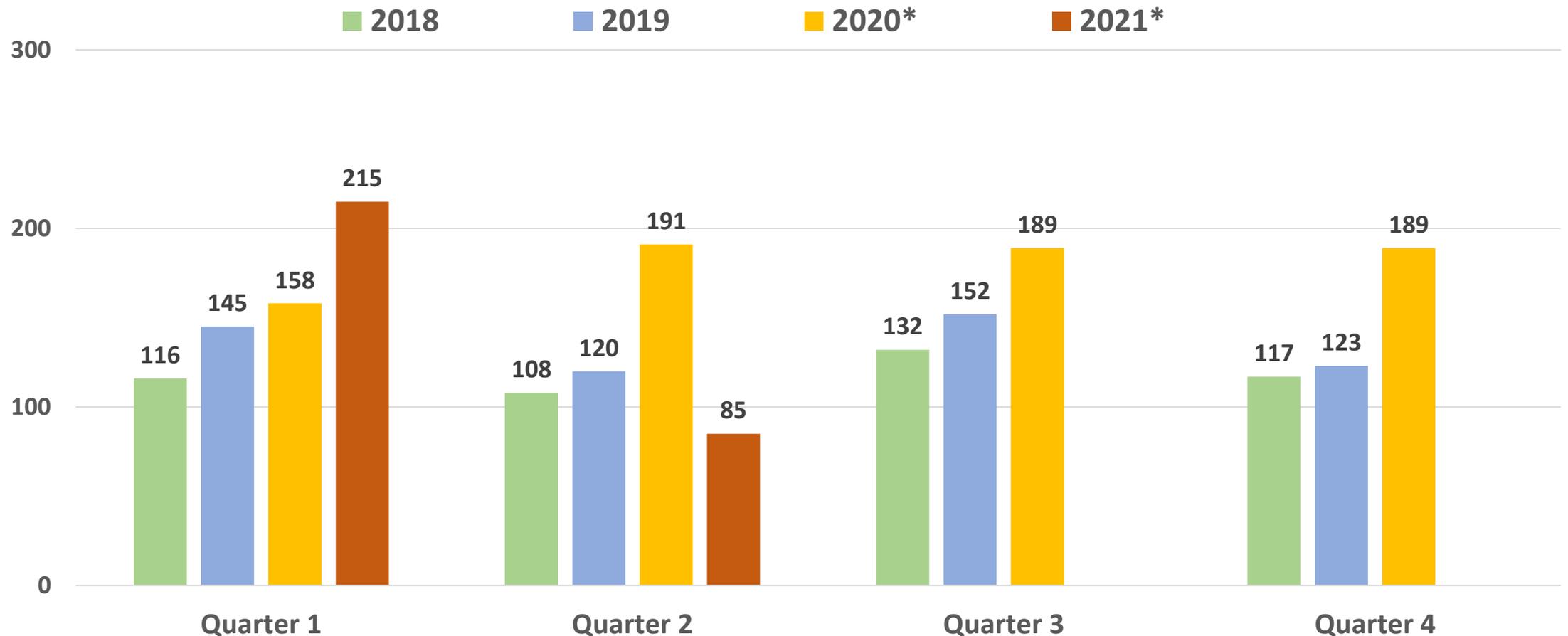
Data is as of 12 July 2021.  
Source: WA DOH Death certificates

# Annual cumulative drug overdose deaths involving psychostimulants by month (2018-2021\*)



- 2020 & 2021 data are preliminary and will change.
- Data run: 12July2021

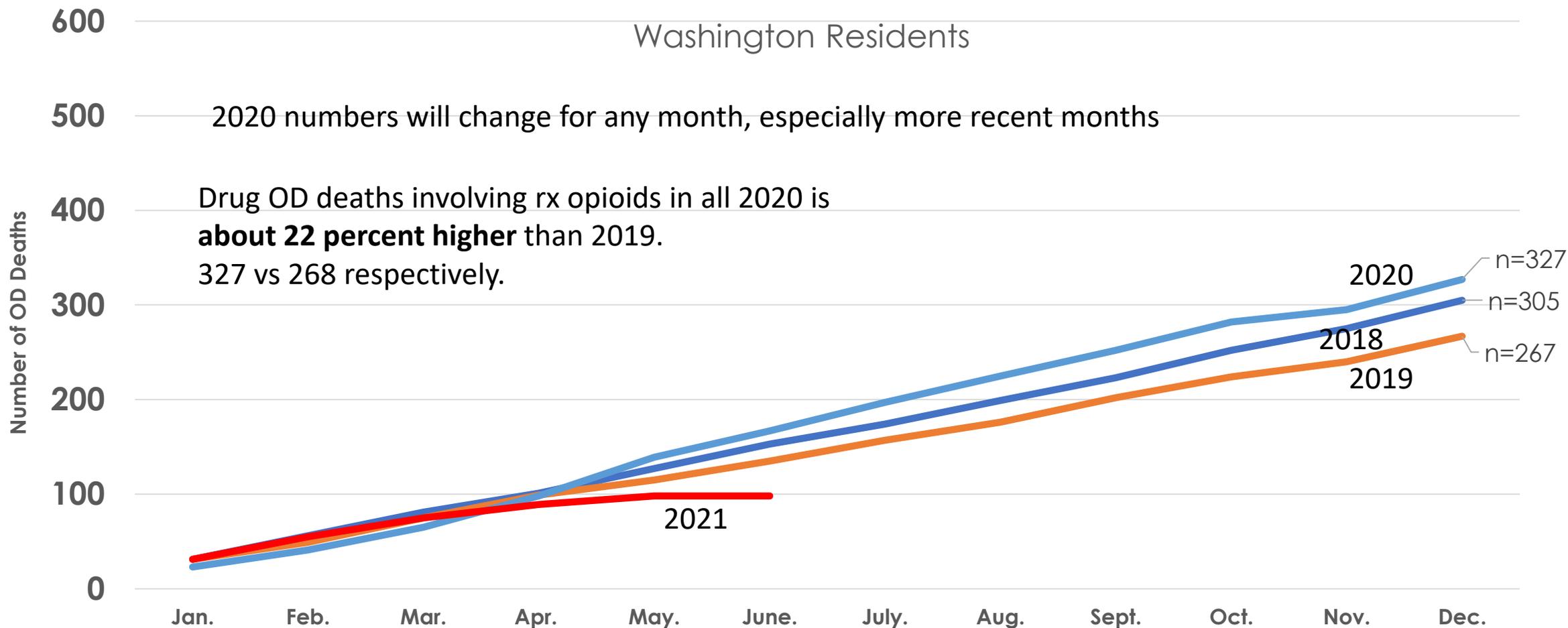
# Number of overdose deaths involving a psychostimulant by quarter



\*2020 & 2021 data are preliminary and will change.

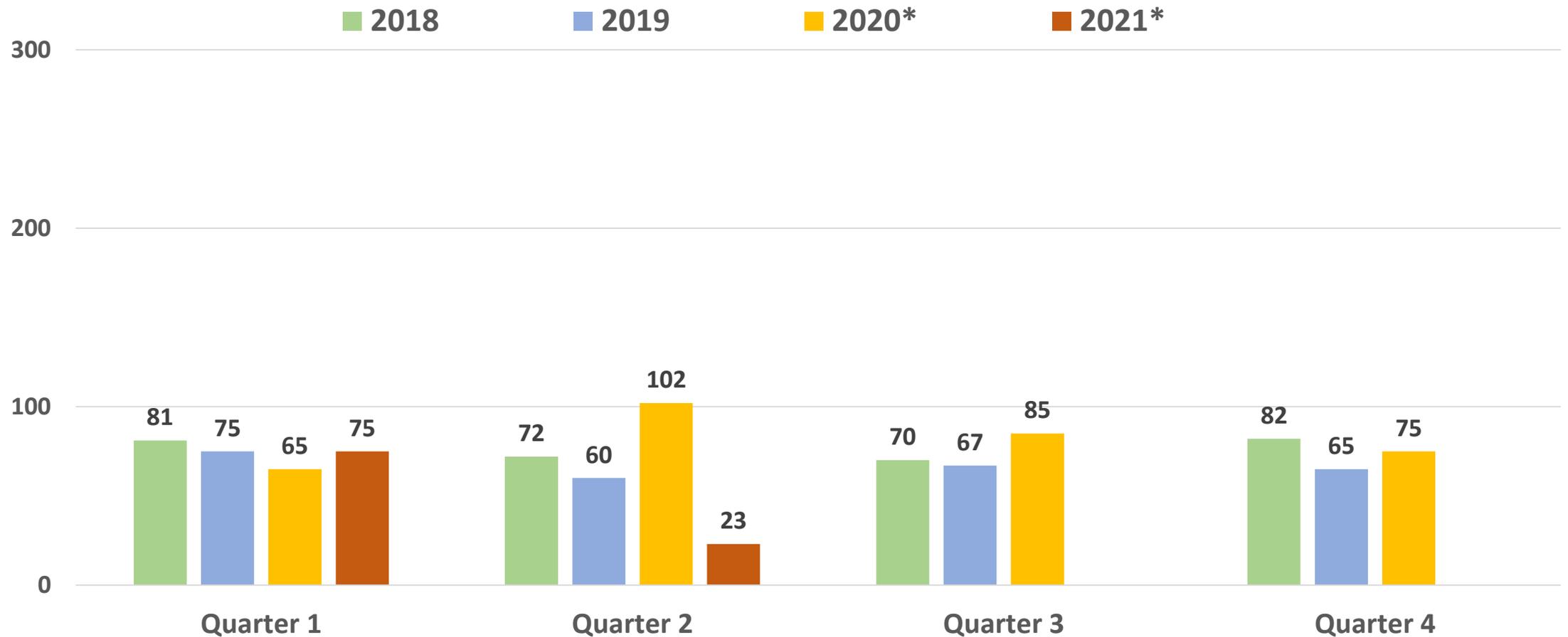
Data is as of 12 July 2021.  
Source: WA DOH Death certificates

# Annual cumulative drug overdose deaths involving Rx opioids by month (2018-2021\*)



- 2020 & 2021 data are preliminary and will change.
- Data run: 12July2021

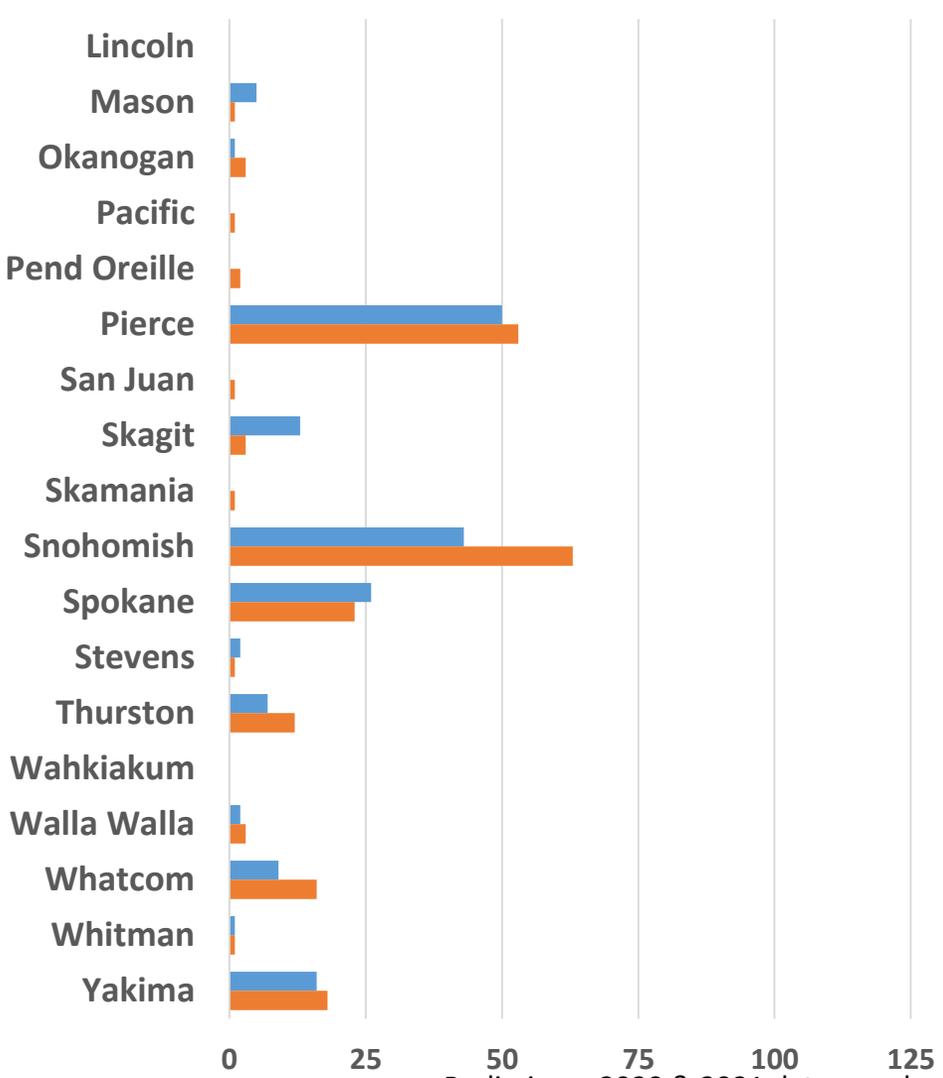
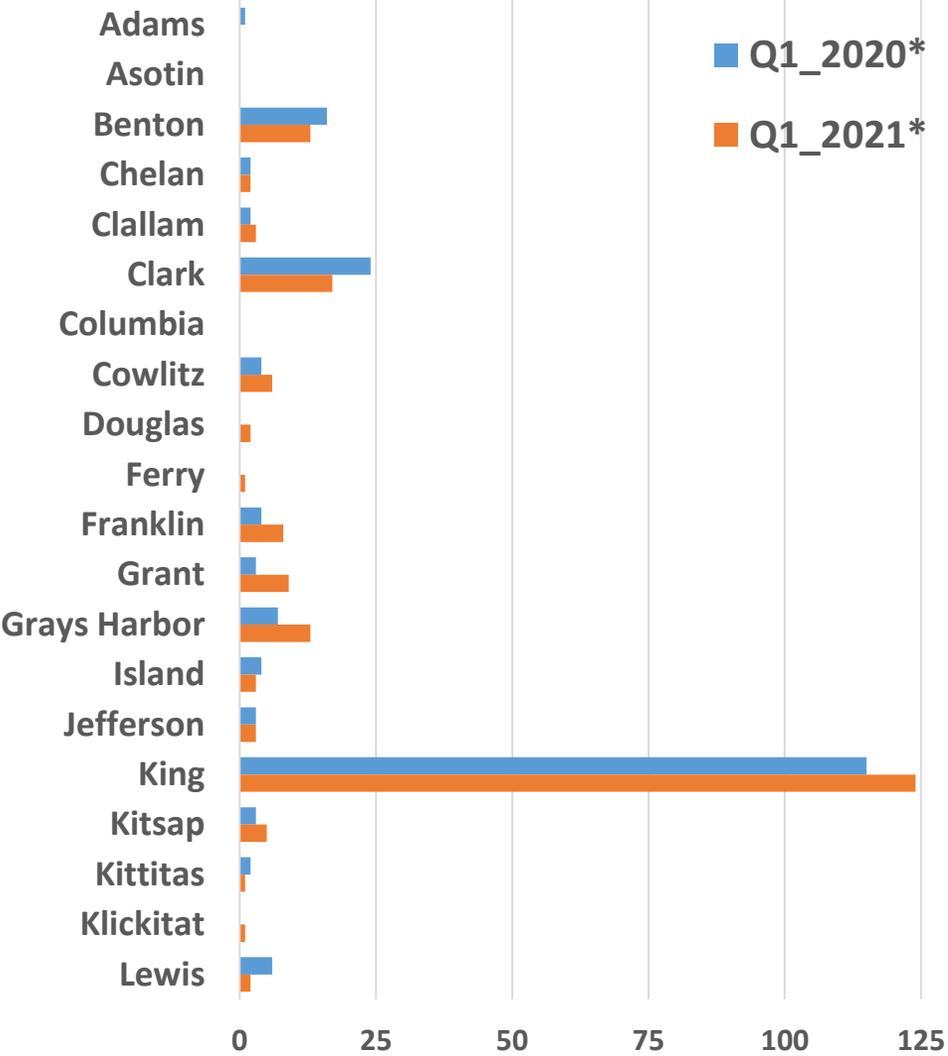
# Number of overdose deaths involving a Rx opioid by quarter



\*2020 & 2021 data are preliminary and will change.

Data is as of 12 July 2021.  
Source: WA DOH Death certificates

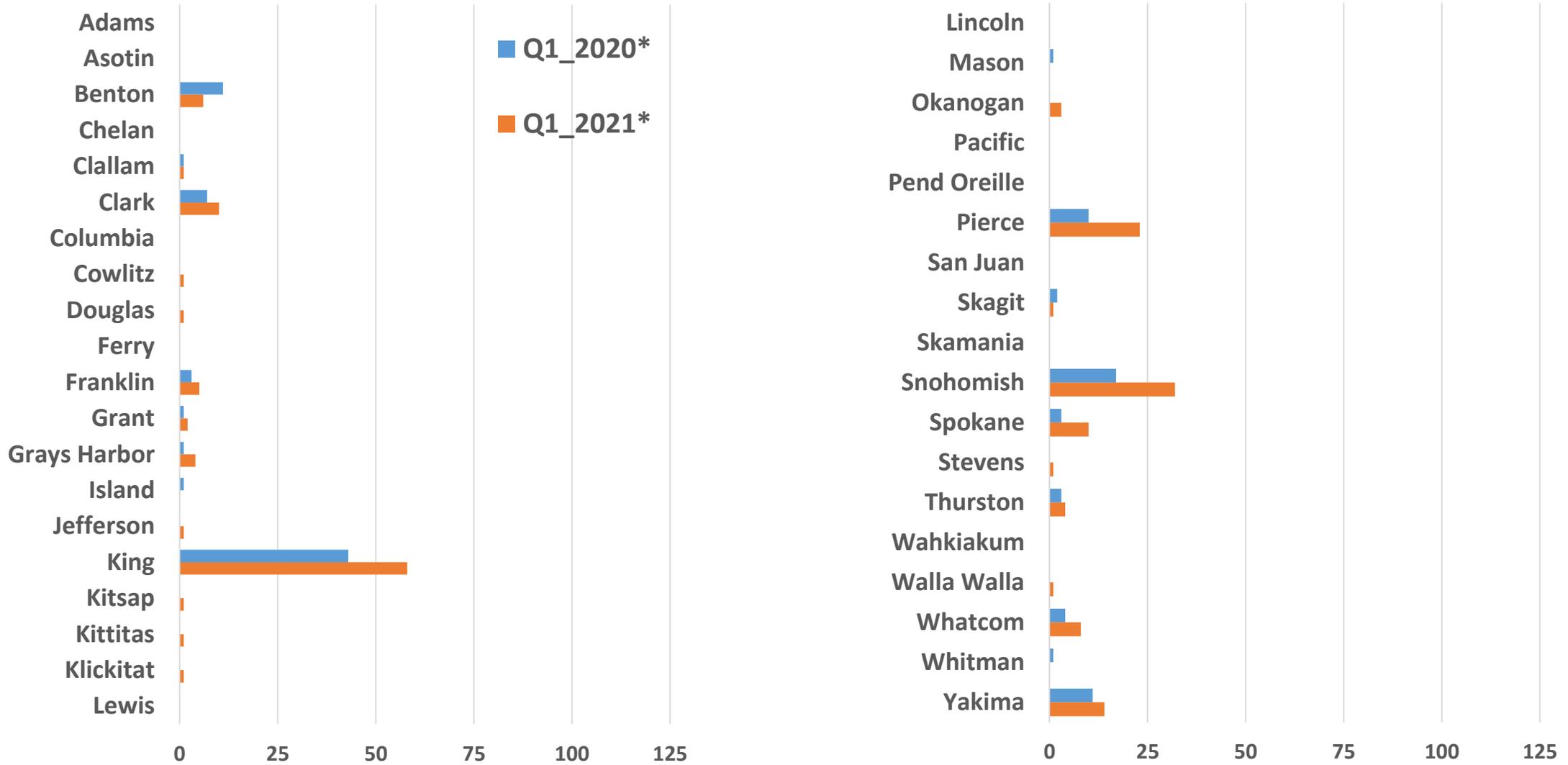
# Overall drug overdose death counts by county compare first 3 months of 2020\* and 2021\*



Data for first 3 months of 2020 and 2021.  
Source: DOH death certificates

Preliminary 2020 & 2021 data, numbers will change.  
Data as of 12July2021

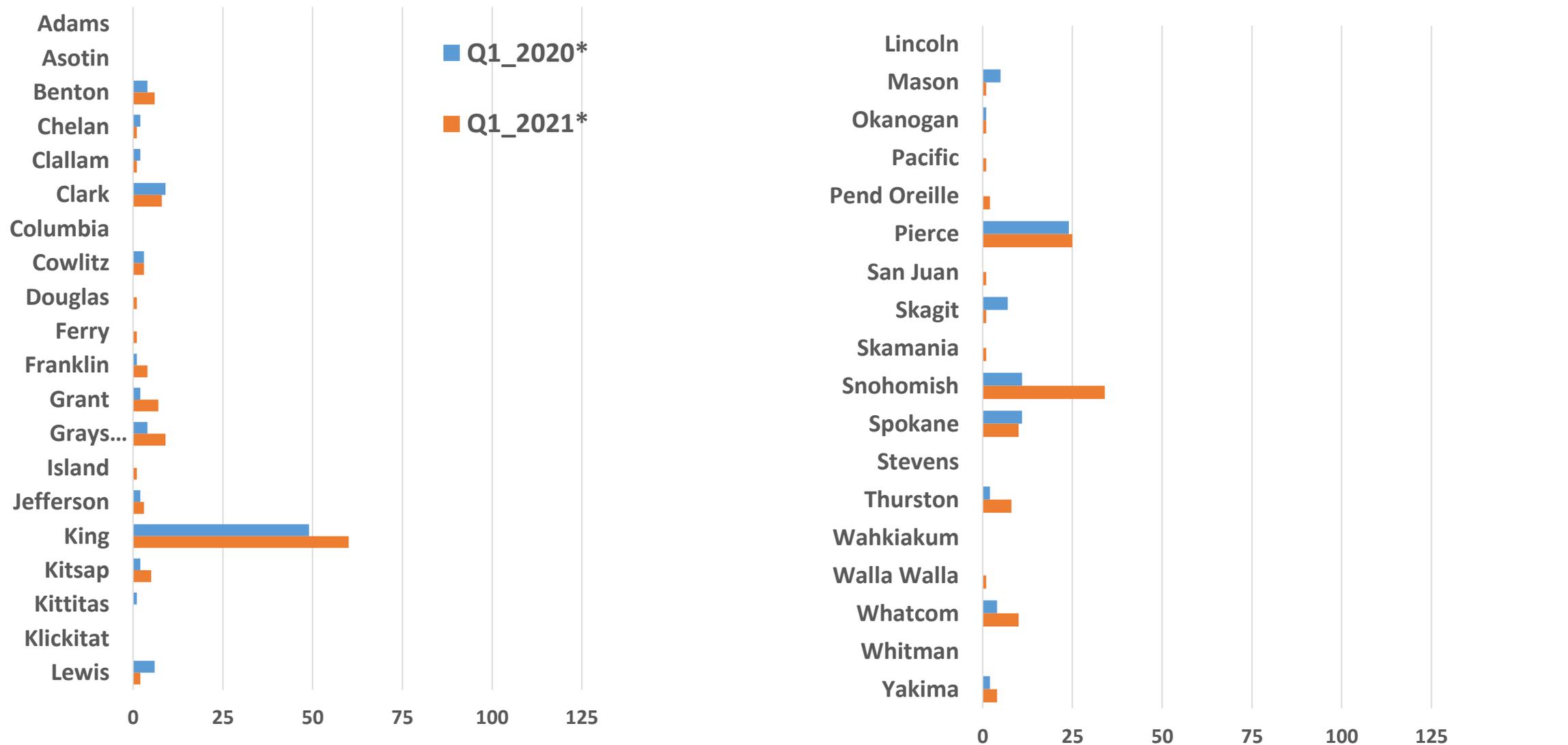
# Drug overdose death involving synthetic opioids counts by county compare first 3 months of 2020\* and 2021\*



Data for first 3 months of 2020 and 2021.  
Source: DOH death certificates

Preliminary 2020 & 2021 data, numbers will change.  
Data as of 12 July 2021

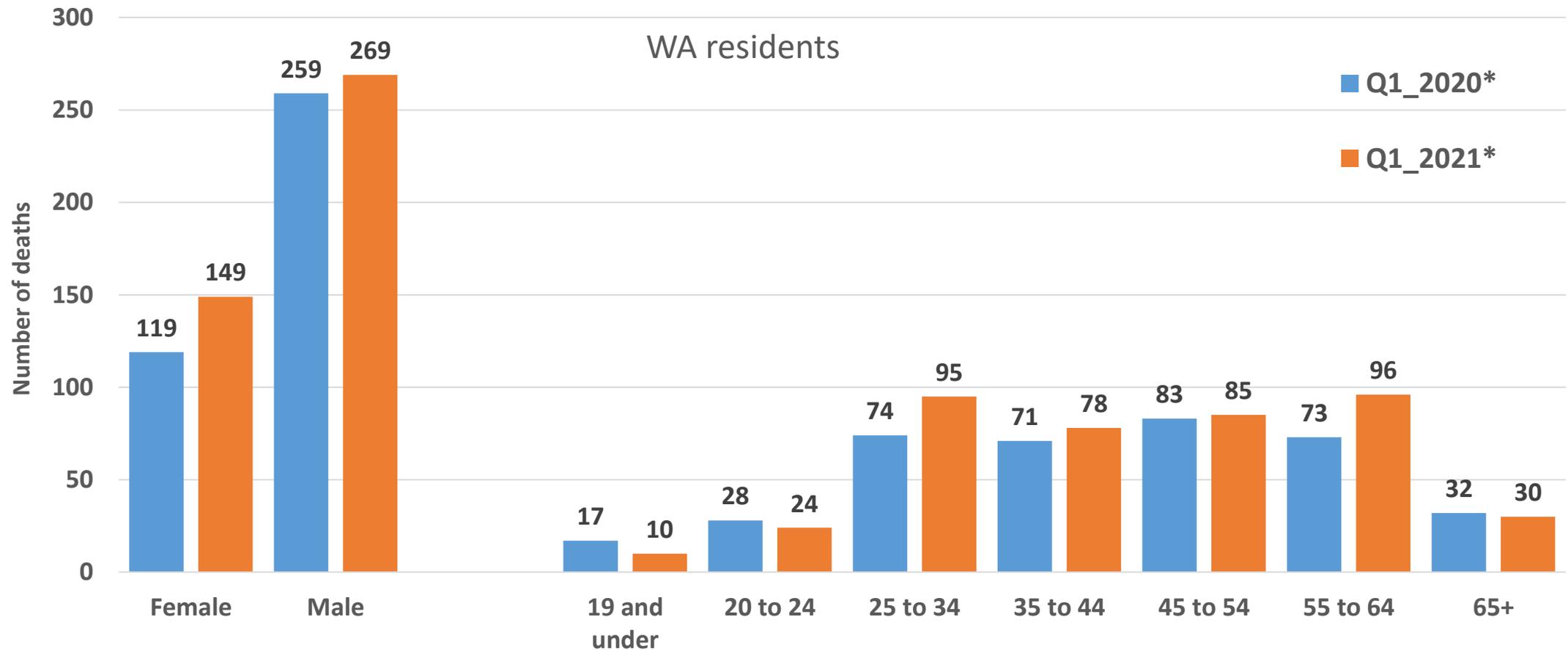
# Drug overdose death involving psychostimulants counts by county compare first 3 months of 2020\* and 2021\*



Data for first 3 months of 2020 and 2021.  
Source: DOH death certificates

Preliminary 2020 & 2021 data, numbers will change.  
Data as of 12July2021

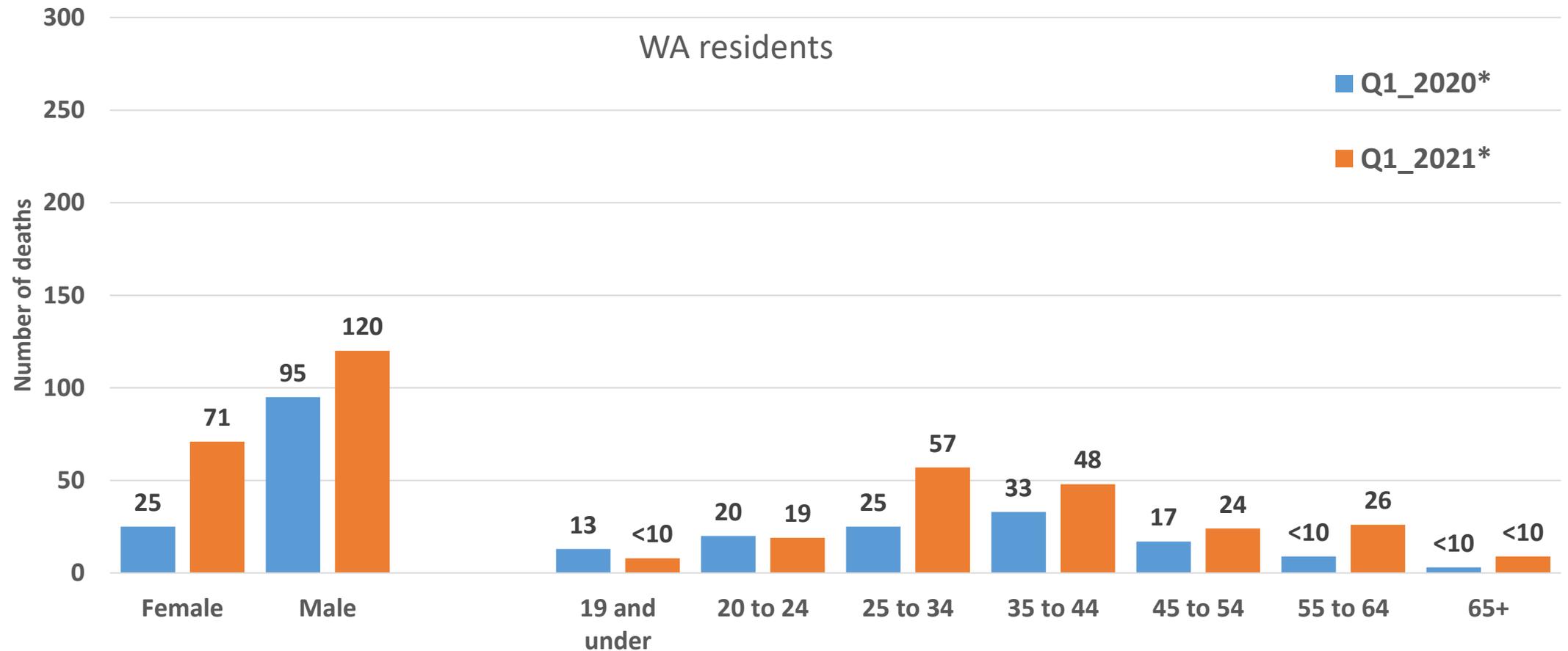
# Overall drug overdose deaths by age and sex compare first 3 months of 2020\* and 2021\*



Data for first 3 months of 2020 and 2021.  
Source: DOH death certificates.

Preliminary 2020 & 2021 data, numbers will change.  
Data as of 12July2021

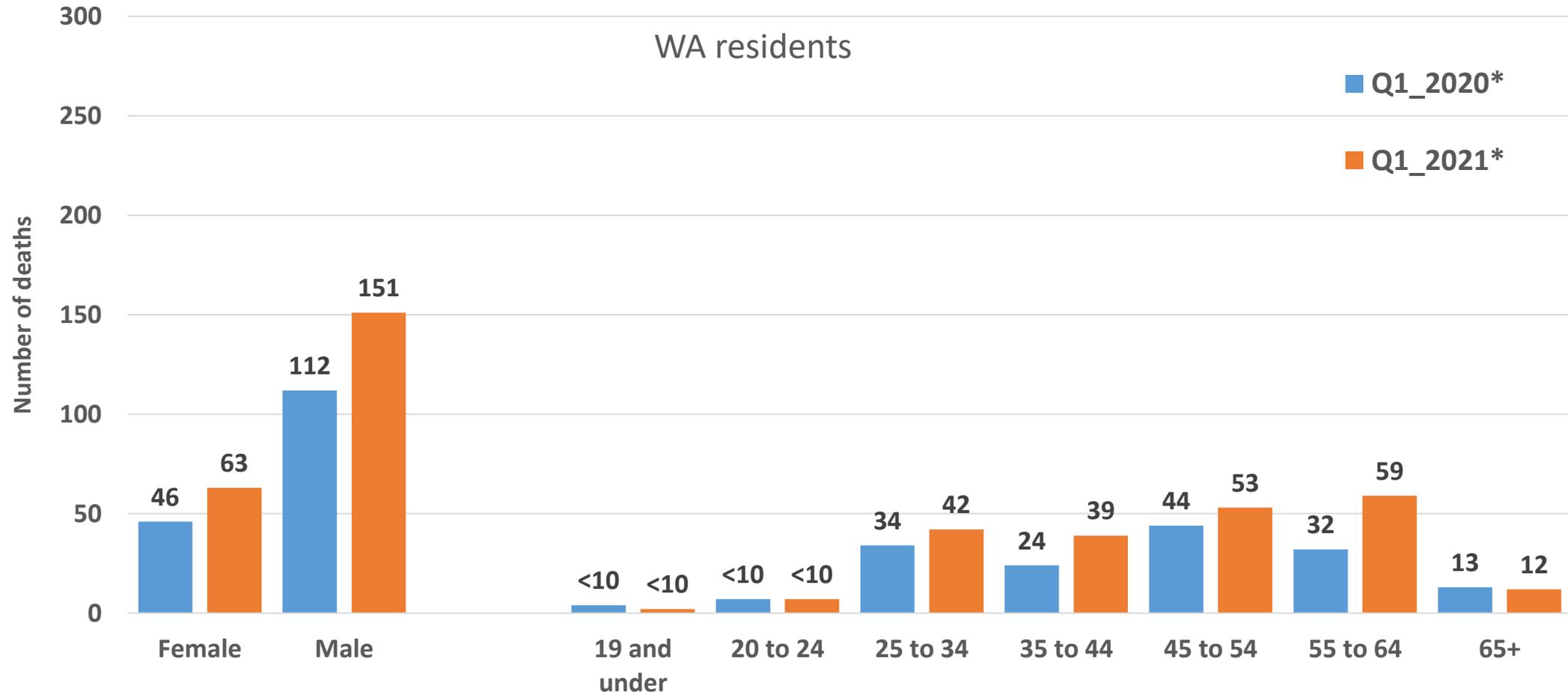
# Drug overdose deaths involving synthetic opioids by age and sex compare first 3 months of 2020\* and 2021\*



Data for first 3 months of 2020 and 2021.  
Source: DOH death certificates.

Preliminary 2020 & 2021 data, numbers will change.  
Data as of 12July2021

# Drug overdose deaths involving psychostimulants by age and sex compare first 3 months of 2020\* and 2021\*

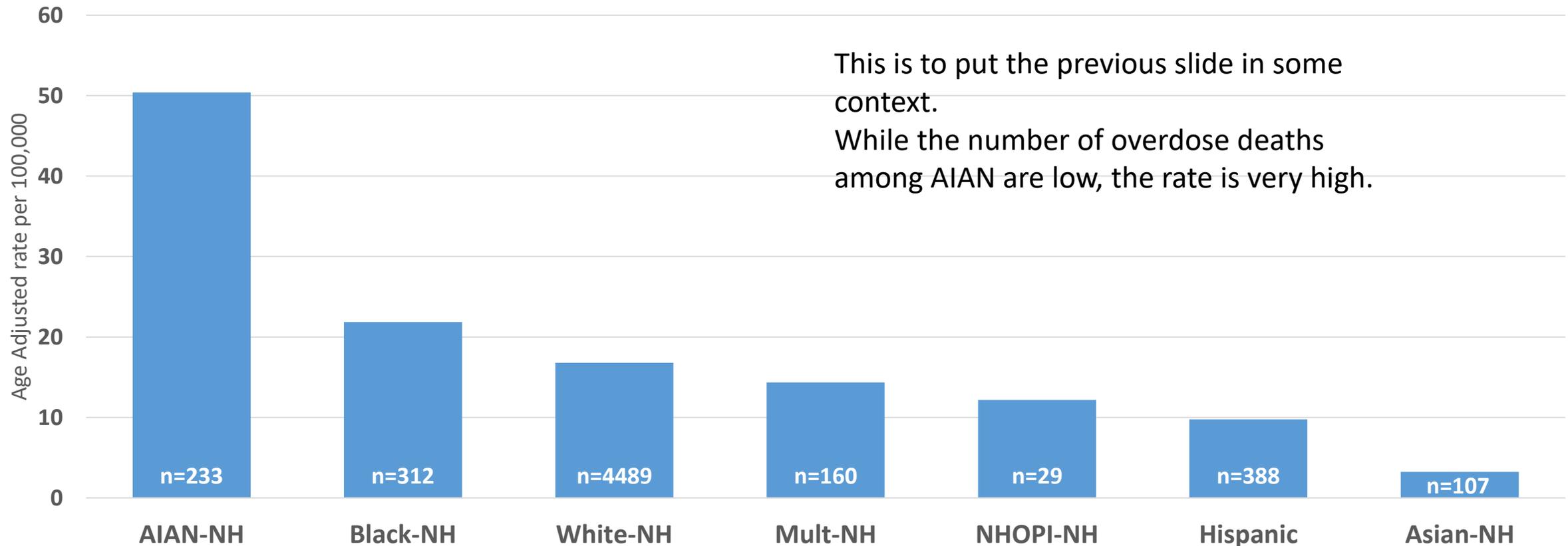


Data for first 3 months of 2020 and 2021.  
Source: DOH death certificates.

Preliminary 2020 & 2021 data, numbers will change.  
Data as of 12July2021

# Drug overdose deaths disproportionately affect American Indian and Alaskan Native populations

WA residents (2015-2019)

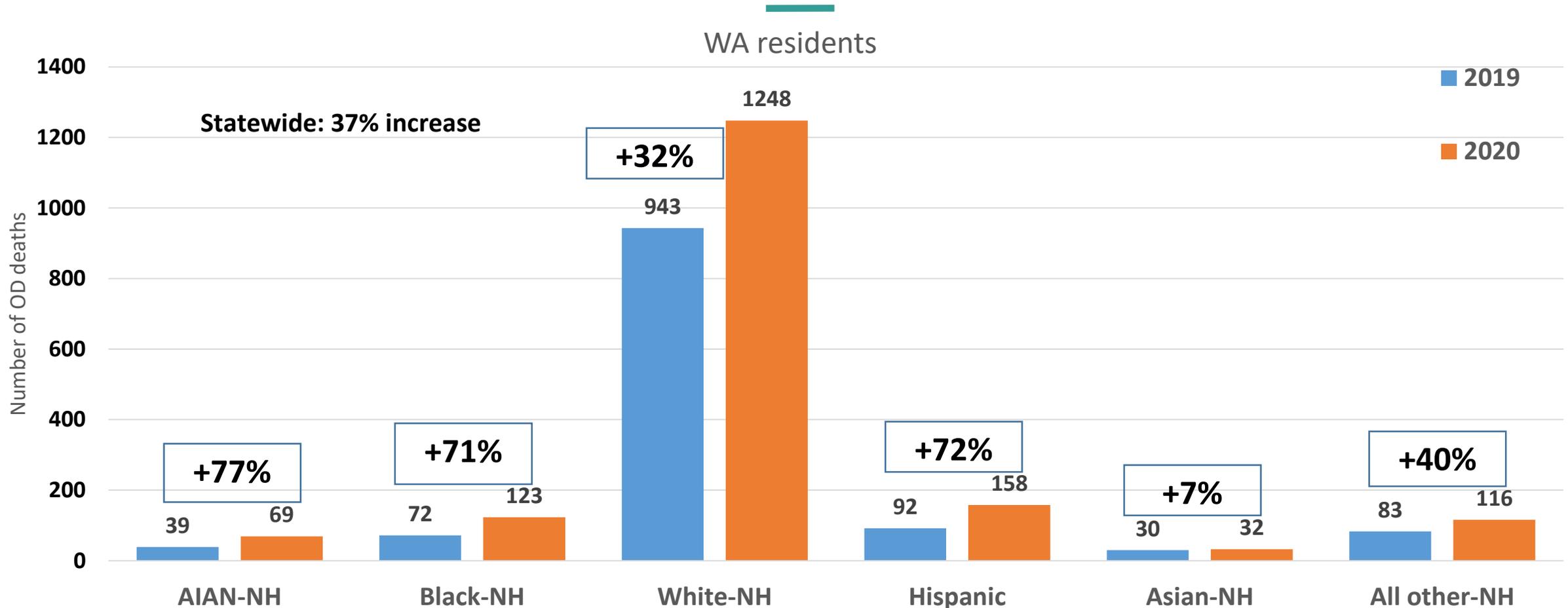


This is to put the previous slide in some context. While the number of overdose deaths among AIAN are low, the rate is very high.

NH: Non-Hispanic  
AIAN: American Indian/Alaskan Native

NHOPI: Native Hawaiian or Other Pacific Islander  
Multi: Multi-racial

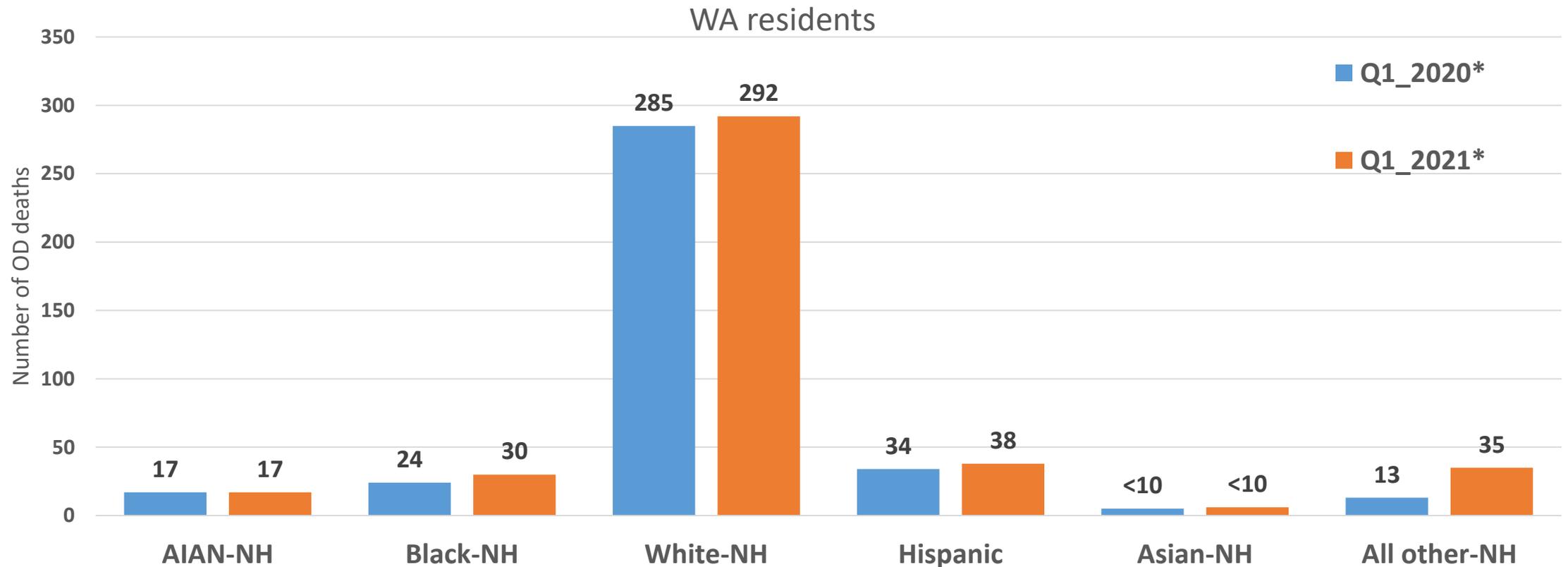
# Overall drug overdose death counts by race compare 2019 and 2020 (full years)



2020 data are preliminary and will change. NH: Non-Hispanic AIAN: American Indian/Alaskan Native  
Data as of 12July2021

All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)

# Overall drug overdose death counts by race compare first 3 months of 2020\* and 2021\*



NH: Non-Hispanic

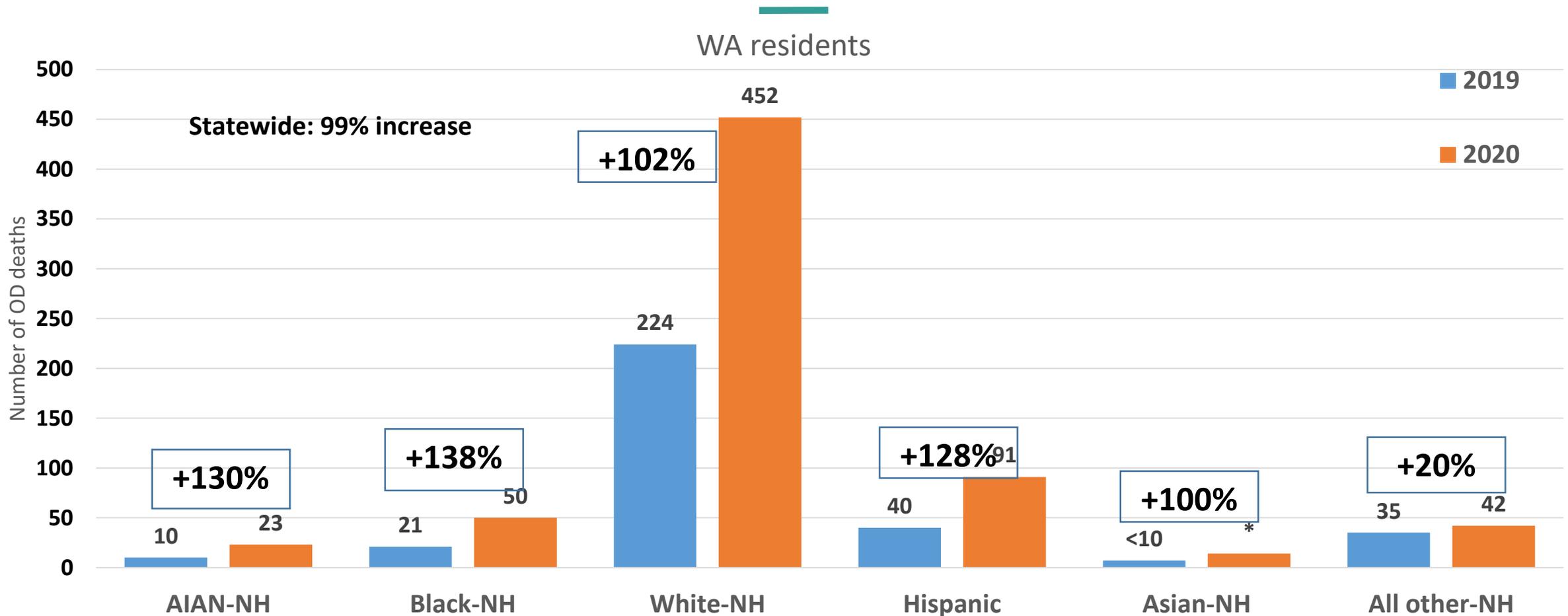
AIAN: American Indian/Alaskan Native

All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)

Data for first 3 months of 2020 and 2021.  
Source: DOH death certificates

Preliminary 2020 & 2021 data, numbers will change.  
Data as of 12July2021

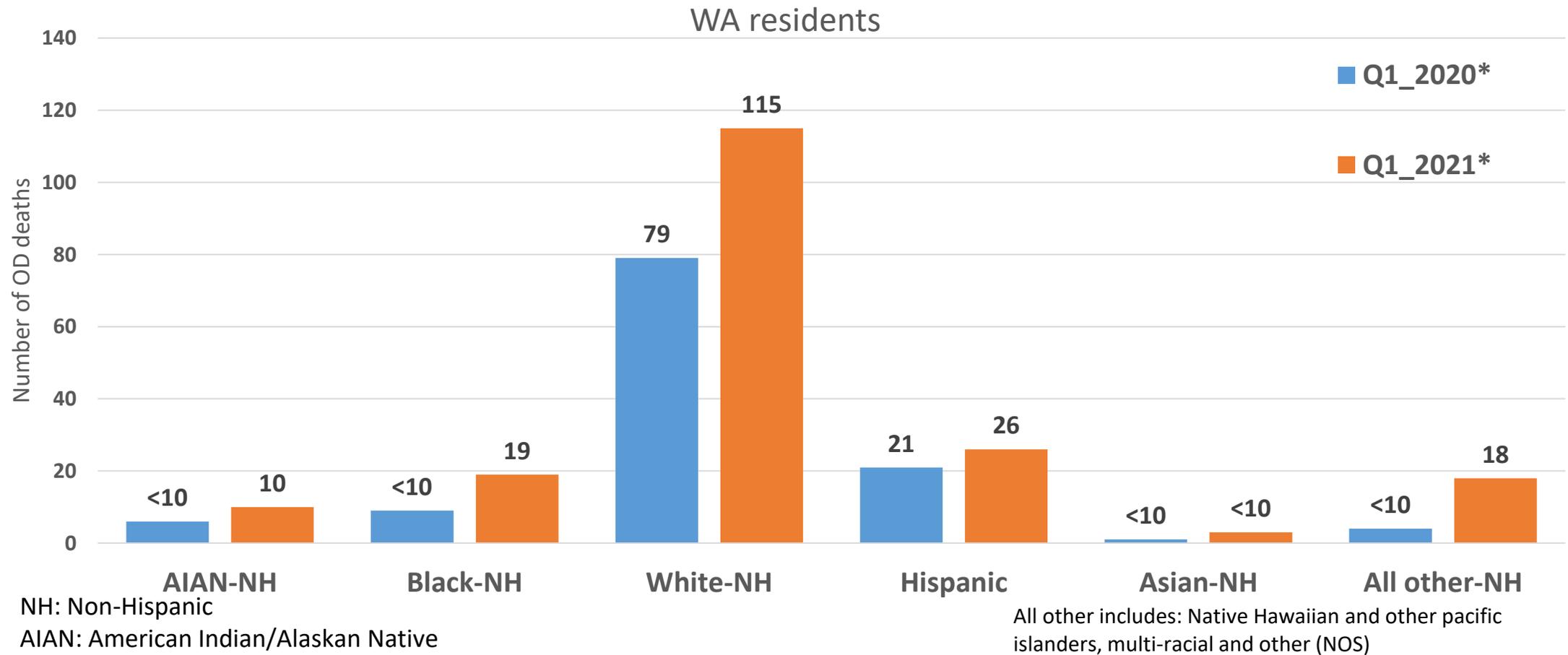
# Number of drug overdose deaths involving a synthetic opioid by race compare 2019 and 2020 (full years)



2020 data are preliminary and will change. NH: Non-Hispanic AIAN: American Indian/Alaskan Native  
Data as of 12July2021

All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)

# Number of drug overdose deaths involving a synthetic opioid by race compare first 3 months of 2020\* and 2021\*

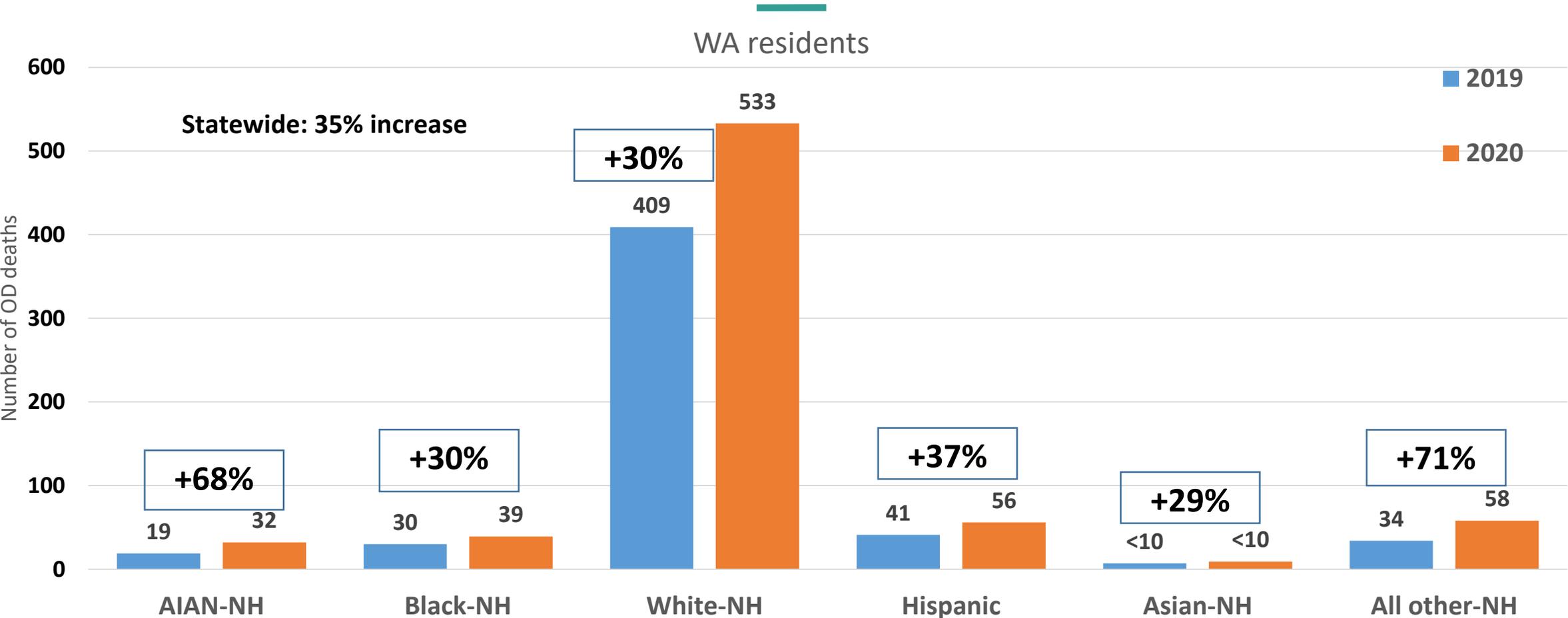


Data for first 3 months of 2020 and 2021.  
Source: DOH death certificates

Washington State Department of Health

Preliminary 2020 & 2021 data, numbers will change.  
Data as of 12July2021

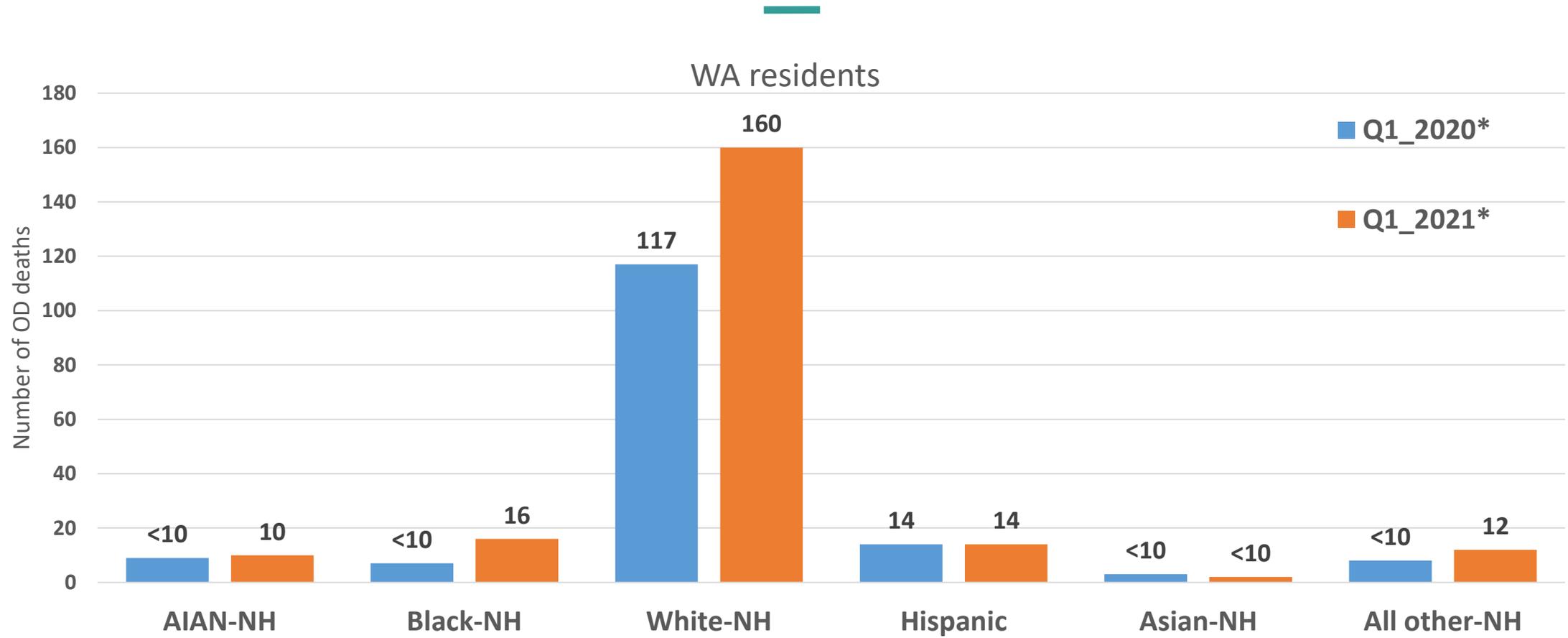
# Number of drug overdose deaths involving a psychostimulant by race compare 2019 and 2020 (full years)



2020 data are preliminary and will change. NH: Non-Hispanic AIAN: American Indian/Alaskan Native  
Data as of 12July2021

All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)

# Number of drug overdose deaths involving a psychostimulant by race compare first 3 months of 2020\* and 2021\*



NH: Non-Hispanic

AIAN: American Indian/Alaskan Native

All other includes: Native Hawaiian and other pacific islanders, multi-racial and other (NOS)



# Thank you

Data available at: [www.doh.wa.gov/OverdoseData](http://www.doh.wa.gov/OverdoseData)

Email contact: [Injury.data@DOH.WA.GOV](mailto:Injury.data@DOH.WA.GOV)

## ESB 5476- Addressing *State V. Blake*- Job Opportunities at the Health Care Authority

### Recovery Navigator Program Administrator

The primary purpose of this position is to manage the implementation of the Recovery Navigator Programs that each behavioral health administrative service office (BHASO) is to establish to provide community-based case management services to individuals with substance use disorders (SUD), and the creation of the uniform program standards to which these programs will adhere. This position communicates with a wide range of levels within the behavioral health community and will develop positive relationships that result in expedient and effective collaboration. This posting will remain open until filled, with immediate candidate screening. Annual salary: \$65,928.00 - \$86,484.00

### Substance Use Disorder (SUD) Recovery Oversight Committee Administrator

This position will develop and manage the DBHR statewide SUD Recovery Oversight Committee and develop the Substance Use Recovery Services Plan for Washington state residents. The ideal candidate will utilize strong, tactful communication skills to build and coordinate this committee that will include stakeholders from a wide range of roles across the state. If you are excited to make an immediate impact on a state plan to revitalize SUD recovery through collaboration, then this position may be for you. This job posting will remain open until filled and candidate screening will begin immediately.

Annual salary: \$65,928.00 - \$86,484.00

### Clubhouse/Peer-Run Organization Program Manager (MPS3/DBHR)

This position serves as the subject matter expert and program manager for expanding Clubhouse programs in Washington State while overseeing their funding and providing technical assistance and move Clubhouse programs towards best practices. The ideal candidate will be a strategic and tactful communicator who develops positive relationships with external organizations and is able to adapt complex information to their audience. This job posting will remain open until filled, candidate screening immediately.

Annual salary: \$65,940.00 - \$86,484.00

### Regional Recovery Support Services Coordinator

This position will assist regional purchasing areas to adopt expanded recovery plans that are consistent with the ESB5476 (Blake) Recovery Support Services Act. This position will facilitate regional planning with Behavioral Health Administrative Service Organizations, Managed Care Organizations, and Accountable Communities of Health in the development of these plans, including the establishment of service standards and monitoring of contracts. If you are a strategic thinker, strong community facilitator, and passionate about recovery programming in the state of Washington, this position may be for you. This position is open continuously and candidate review will begin immediately.

Annual salary: \$65,928.00 - \$86,484.00

### Medical Program Specialist 3

The primary purpose of these two positions is to serve as experts in the implementation of the Recovery Navigator Programs established through SB 5476 that each BH-ASO is to establish to provide community-based outreach, intake, assessment, referral, and long-term intensive case management services to individuals with substance use disorders (SUD) who are referred to the program from various sources, and the creation of the uniform program standards through which these programs will adhere.

Annual salary: \$65,928.00 - \$86,484.00

### Occupational Nurse Consultant

The purpose of this Occupational Nurse Consultant is to serve as Systems Coordinator to provide clinical consultation and systems planning and connections to ensure individuals with special needs have their healthcare needs addressed in the managed care delivery system, including Managed Care Organization and Behavioral Health Administrative Services Organization. This role monitors and reviews care and services provided, focusing on promoting the transitions of incarcerated individuals.

Annual salary: \$78,912 - \$129,312

#### CONTACT INFO:

Jake Nelko, Recruiter

360.725.0945

[Jake.nelko@hca.wa.gov](mailto:Jake.nelko@hca.wa.gov) or <https://www.careers.wa.gov/>





# Urban Indian Health Institute

– Tribal Epidemiology Centers and Opioid Response

Christine Doroshenko, MPH  
Epidemiologist



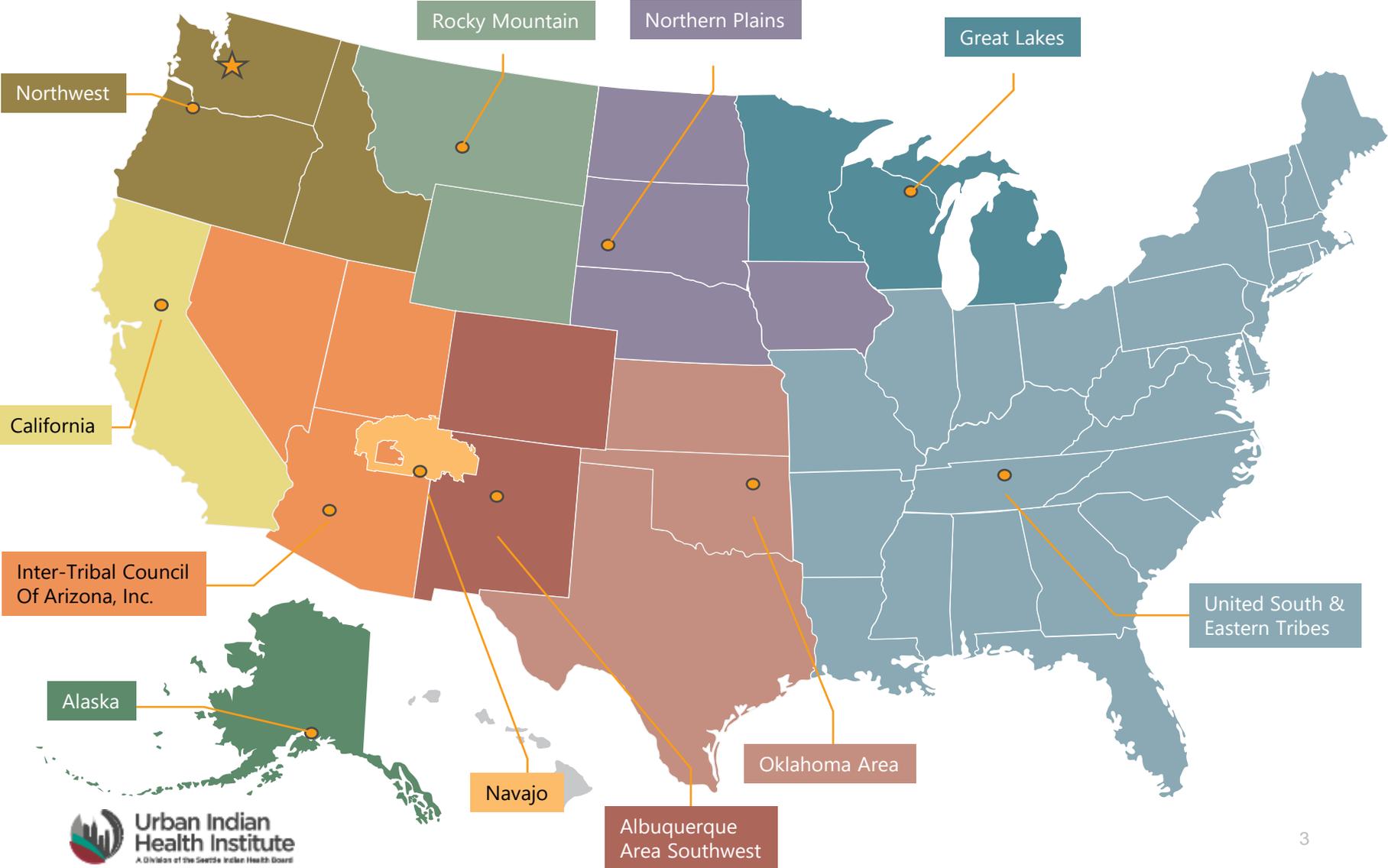
**Urban Indian  
Health Institute**  
A Division of the Seattle Indian Health Board

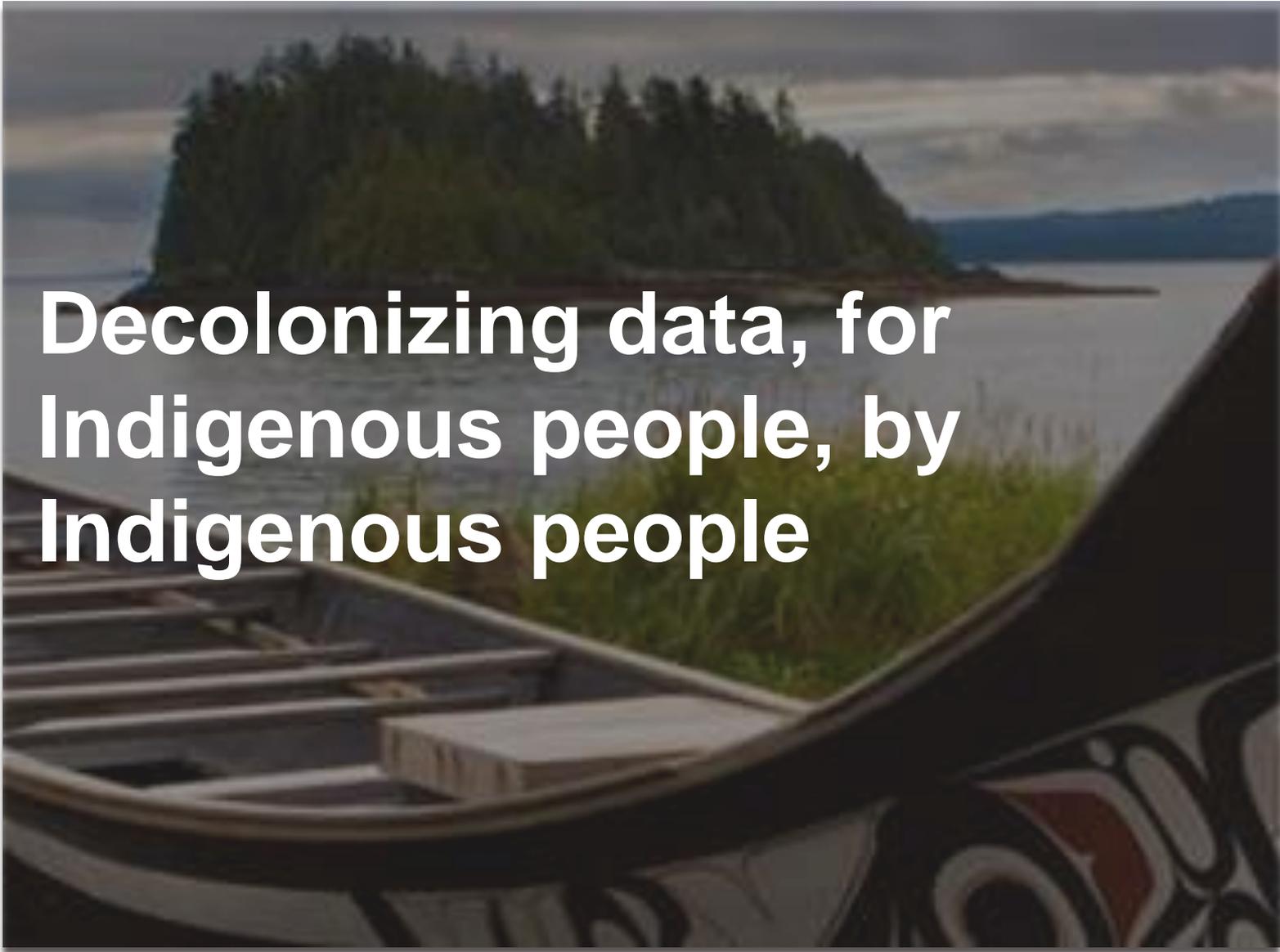
# Urban Indian Health Institute (UIHI)

- One of 12 Tribal Epidemiology Centers (TECs) in the United States
- A division of the Seattle Indian Health Board
- A Public Health Authority for urban American Indians and Alaska Natives (AI/ANs).



# Tribal Epidemiology Centers (TECs)



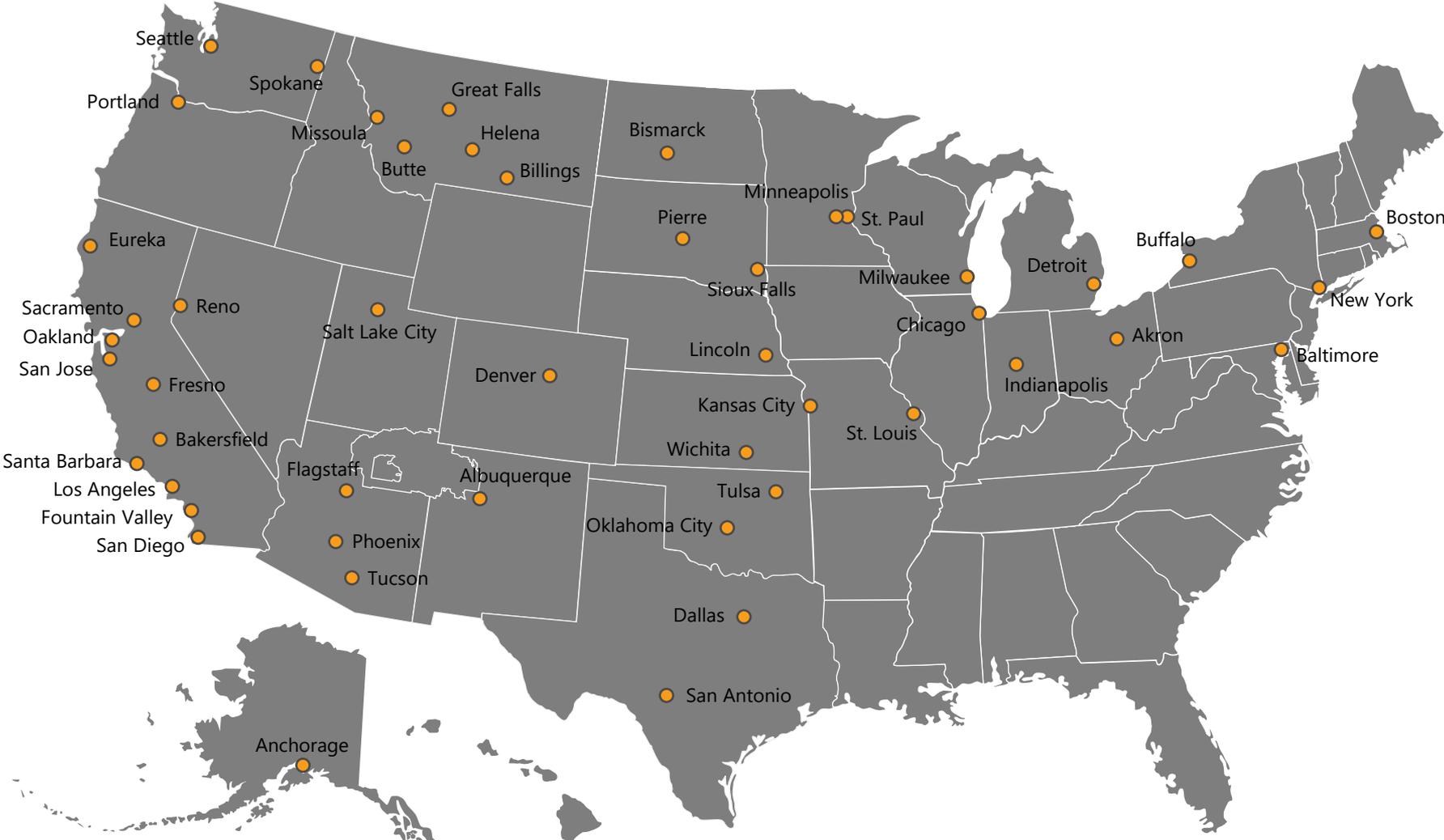


# Decolonizing data, for Indigenous people, by Indigenous people

# Our services include:

- Provide technical assistance for urban Indian organizations and state, local, and federal agencies
- Fulfill data requests for partners and legislators
- Offer trainings on indigenous research and evaluation
- Develop informational materials regarding a variety of health-related topics
- Conduct and participate in culturally rigorous research
- Engage in disease surveillance for infectious and non-infectious conditions

# The Urban Indian Health Network



# UIHI Opioid Response

# Success

- King County and Washington State Surveillance Brief
- National Surveillance Brief
- Presentations and Trainings
- Data Requests & Technical Assistance

# Racial Misclassification



# Upcoming projects

- Develop Best Practices Guide for collecting and analyzing opioid data for AI/AN populations
- Additional surveillance briefs
  - Arizona Department of Health collaboration
- Address and improve data issues related to racial misclassification across data systems
- Increase collaboration with state and local health jurisdiction partners.
- Improve overdose data collection



**THANKS!**



**Urban Indian  
Health Institute**

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